

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

This document relates to: Judge Dan Aaron  
Polster

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.  
Case No. 17-OP-45004

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.  
Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al  
Case No. 18-OP-45132

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Videotaped deposition of
TERRENCE M. ALLAN

December 17, 2018
9:05 a.m.

Taken at:
Tucker Ellis
950 Main Avenue, Suite 1100
Cleveland, Ohio.

Renee L. Pellegrino, RPR, CLR

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1 THE VIDEOGRAPHER: We are now on the
2 record. The date is December 17th, 2018. The
3 time is 9:05 a.m. The caption of this case is
4 In Re: National Prescription Opiate Litigation.
5 The name of the witness is Terry Allan.

6 At this point the attorneys present
7 and those attending remotely will identify
8 themselves and the parties they represent.

9 MR. KEYES: Andrew Keyes of Williams
10 & Connolly on behalf of Cardinal Health.

11 MS. JASIEWICZ: Isia Jasiewicz, also
12 of Williams & Connolly, on behalf of Cardinal
13 Health.

14 MS. JAMES: Erica James of Tucker
15 Ellis on behalf of Janssen Pharmaceuticals and
16 Johnson & Johnson.

17 MS. RANJAN: Brandy Ranjan from
18 Jones Day on behalf of Walmart.

19 MR. MOYLAN: Daniel Moylan,
20 Zuckerman Spaeder, on behalf of CVS.

21 MR. GALLUCCI: Frank Gallucci,
22 Plevin & Gallucci, on behalf of Plaintiff,
23 Cuyahoga County.

24 MR. SPELLACY: Leo Spellacy,
25 Thrasher, Dinsmore & Dolan, on behalf of

1 Cuyahoga County.

2 THE VIDEOGRAPHER: People on the
3 phone?

4 MS. ZOLLER: Rebecca Zoller with
5 Arnold & Porter on behalf of the Endo and Par
6 Defendants.

7 MS. RUSSO: Shana Russo, Reed Smith,
8 on behalf of AmerisourceBergen Drug Corporation.

9 MS. BARBER: Maureen Barber of
10 Morgan Lewis & Bockius on behalf of the Teva
11 Defendants.

12 THE VIDEOGRAPHER: Anyone else on
13 the phone?

14 MR. SHIVELY: Doug Shively, Baker &
15 Hostetler, on behalf of the Endo Defendants.

16 THE VIDEOGRAPHER: Will the court
17 reporter please swear in the witness?

18 TERRENCE M. ALLAN, of lawful age, called
19 for examination, as provided by the Federal Rules
20 of Civil Procedure, being by me first duly sworn,
21 as hereinafter certified, deposed and said as
22 follows:

23 EXAMINATION OF TERRENCE M. ALLAN

24 BY MR. KEYES:

25 Q. Good morning, Mr. Allan.

1 A. Good morning.

2 Q. Would you please state your full
3 name for the record?

4 A. Terrence Michael Allan.

5 Q. And where do you currently live?

6 A. I live in Bay Village, Ohio.

7 Q. Is that -- how long have you lived
8 there?

9 A. Thirteen years.

10 Q. Are you currently employed?

11 A. I am.

12 Q. Who is your employer?

13 A. The Cuyahoga County Board of Health.

14 Q. How long have you been employed by
15 the Cuyahoga County Board of Health?

16 A. Almost 30 years.

17 Q. What is your current position?

18 A. I'm the health commissioner.

19 Q. How long have you been the health
20 commissioner?

21 A. Since 2004.

22 Q. Are you a salaried employee?

23 A. I work on contract at the pleasure
24 of the board.

25 Q. At the pleasure of the board itself

1 for the Cuyahoga County Board of Health?

2 A. The board appoints the health
3 commissioner.

4 Q. How many people are on the board
5 itself?

6 A. Five.

7 Q. Does each board member serve a term?

8 A. Yes.

9 Q. How long is the term?

10 A. Five years.

11 Q. And is this an elected position to
12 the Board of Health?

13 A. The board is appointed by -- in Ohio
14 boards of health at the county level are
15 appointed by a district advisory council, which
16 is comprised of village and township mayors, and
17 a representative from the county executive's
18 office. They appoint the board to five-year
19 staggered terms.

20 Q. Are you a member of the board?

21 A. I am considered the secretary of the
22 board.

23 Q. Is that a voting position?

24 A. No.

25 Q. And you said you're on contract with

1 the Cuyahoga County Board of Health and serve at
2 the pleasure of the board. Do you have a
3 written contract?

4 A. I do.

5 Q. Have you had a written contract
6 throughout your tenure as the health
7 commissioner?

8 A. Yes.

9 Q. Is it an annual contract?

10 A. I'm in a five-year contract
11 currently.

12 Q. So what year are you in of that
13 five-year contract term?

14 A. I'm finishing year three.

15 Q. How many separate contracts have you
16 had with the Cuyahoga County Board of Health
17 during your tenure as health commissioner?

18 A. I guess this is -- I think this is
19 my third, my third contract.

20 Q. What was the term of the first
21 contract?

22 A. I can't recall specifically because
23 there was one contract that was a year contract,
24 and then, for some reason that I can't recall,
25 there was a -- a decision to do a five-year

1 contract after that. I mean, there was a
2 transition. We had a five-year contract, and
3 then there was a decision to look at it again
4 and renew it as a five-year starting again the
5 following year. So usually they've been
6 five-year contracts from the beginning, but
7 there was some -- but at the beginning there was
8 a distinction that I can't recall specifically
9 at the moment.

10 Q. So with the exception of perhaps a
11 year, you've always been on a five-year
12 contract?

13 A. Yes.

14 Q. And do you receive a salary under
15 that contract?

16 A. Yes. I'm paid under that contract.

17 Q. Are you paid a salary?

18 A. I'm paid -- what do you mean when
19 you say "salary"? I work in government. What
20 do you mean by "salary"?

21 Q. Well, would you describe how your
22 compensation is structured under your existing
23 contract with the Cuyahoga County Board of
24 Health?

25 A. I receive biweekly compensation,

1 like everyone else.

2 Q. And have you received biweekly
3 compensation throughout your tenure under the
4 current five-year contract?

5 A. Yes.

6 Q. Did you receive biweekly
7 compensation under your prior multi-year
8 contracts with the Cuyahoga County Board of
9 Health?

10 A. Yes.

11 Q. What is the role or responsibility
12 of the Cuyahoga County Board of Health?

13 A. We provide a range of public health
14 services to -- to 58 Cuyahoga County
15 communities, about 850,000 people. We also have
16 some regional responsibilities. And that
17 involves prevention, recognition, response
18 around a range of preventible illnesses.

19 We're involved in environmental
20 health issues like food protection, foodborne
21 outbreak response. We do work around vector
22 control of things like mosquito-borne diseases.
23 We inspect and evaluate septic systems for their
24 discharges to ensure the waterways are
25 protected. Those are some of the programs in

1 environmental health.

2 In prevention and wellness we do
3 vaccine-preventible diseases. We have a travel
4 clinic. We do a family planning clinic. We
5 have some school health programs, tobacco
6 prevention, newborn home visiting programs, a
7 lot of early childhood obesity prevention
8 activities.

9 We run a multi-county Ryan White
10 program, which provides resources and support
11 for people living with HIV and AIDS. We run an
12 18-county breast and cervical cancer prevention
13 program through the Centers for Disease Control
14 that provides breast and cervical cancer
15 screening for people who are -- who do not have
16 access to healthcare, and then also provides
17 resources for treatment.

18 So those are a range of programs.
19 It may not be all. We have 44. So I'm giving
20 you a range of the types of things we do.

21 Moving into epidemiology,
22 surveillance and informatics, we analyze lots of
23 data from things like infectious diseases, lead
24 poisoning. We look at concentration of grocery
25 stores, access to vehicles, and healthy food

1 access in communities. We respond to
2 emergencies. Since 9/11 we've been actively
3 involved with a range of responses, including
4 anthrax and Ebola response. We had some Ebola
5 people who were exposed in Dallas, traveled to
6 Cleveland, and we were in the middle of that
7 response; H1N1 influenza, we were in the middle
8 of that response, and coordinating the public
9 health activities there.

10 We -- so those are the range of
11 things that are involved in -- we also do a lot
12 of assessment activities, working with hospital
13 systems and others, to determine what the public
14 health issues are in the community, and then
15 work together around improvement.

16 And then we have administration,
17 which manages the fiscal activities, human
18 resources, performance, management, legal.

19 So that's kind of the high-level
20 view of what we do.

21 Q. In your prior answer you said we
22 have 44 --

23 A. 44 programs and services.

24 Q. Within a particular area or all
25 across the Board of Health?

1 A. All across the Board of Health.

2 Q. Okay. So all told, the Cuyahoga
3 County Board of Health has 44 different programs
4 and services?

5 A. Right. And that number can
6 fluctuate based on availability of funds and
7 things like that over the years.

8 Q. How large is the Cuyahoga County
9 Board of Health staff currently?

10 A. About 150.

11 Q. And does that include employees?

12 A. Yes.

13 Q. Does it include contractors?

14 A. We have -- no, that would not
15 include contractors. We have also some seasonal
16 staff that come in the summer to do some work,
17 usually something less than 20.

18 Q. And what type of work does the
19 seasonal staff do?

20 A. They do stormwater assessments, so
21 there are -- communities have outfalls where
22 pipes that basically -- things pour out of into
23 streams and other places, and they assess what's
24 coming out of the pipes and determine if there's
25 cross-connections, sewage, et cetera, and

1 then -- they do that sort of work, helping
2 cities determine how they're going to deal with
3 their stormwater cross-connections required by
4 Ohio EPA. And they also do vector control
5 programs. So we identify places that mosquitoes
6 breed around the county. There are lots of
7 places. And we do that to control
8 mosquito-borne disease throughout those
9 communities. And we also do a lot of education
10 around things like tick-borne diseases and the
11 like.

12 Q. So have you described for me the
13 types of work that the seasonal staff do?

14 A. Yes.

15 Q. Stormwater assessments, vector
16 control programs and education, including
17 tick-borne diseases?

18 A. Um-hum.

19 Q. Anything else you would add to that
20 list?

21 A. Not that I can think of right now.

22 Q. And you told me that the current
23 staff is about 150 employees. Has that
24 fluctuated significantly from year to year over
25 the past ten years?

1 MR. GALLUCCI: Object to form.

2 You can answer.

3 A. Okay. During the recession,
4 somewhere in at least ten years -- around ten
5 years back, we decided to move significantly
6 away from the school health program because
7 private industry was providing those services,
8 and it was no longer -- we no longer had the
9 ability to compete, and since there was another
10 resource available through private industry to
11 provide basic school health services, we largely
12 moved out of that arena, except for some -- a
13 few small schools, and so at the time we lost
14 about 35 staff of nurses and clinic aides that
15 worked in those schools.

16 Q. So is it accurate to say that
17 roughly ten years ago, before the recession, the
18 Cuyahoga County Board of Health had roughly 185
19 employees?

20 MR. GALLUCCI: Object to form.

21 A. I'd have to go back and look at that
22 number, but -- I'd have to go back and look.

23 Q. Does that sound right generally?

24 MR. GALLUCCI: Object to form.

25 A. I think I'd have to go back and look

1 to be able to give an accurate answer.

2 Q. Okay. Over the past ten years, what
3 was the highest number of employees the Cuyahoga
4 County Board of Health had?

5 A. I think I'd give the same answer.
6 I'd have to go back and look to give you an
7 accurate answer.

8 Q. Okay. What was the lowest?

9 A. I think I'd have to go back to give
10 you an accurate answer.

11 Q. Okay. Where would you look to
12 identify the highest number of employees, the
13 lowest number of employees, and the number of
14 employees you had ten years ago?

15 A. We'd have to go back through our
16 human resource records.

17 Q. And who in particular would you talk
18 to about obtaining and reviewing the human
19 resource records?

20 A. Our director of organizational
21 development is Najeebah Shine, N-a-j-e-e-b-a-h,
22 Shine. And she would have -- be able to look at
23 some of the historical data.

24 Q. You mentioned scaling back away from
25 school health programs. And did you place that

1 in connection with the recession?

2 A. Yes.

3 Q. So what recession are you referring
4 to?

5 A. The -- as much as I can speak to it,
6 sort of the economic recession where there were
7 a number of challenges for resources that were
8 available to lots of people around the country,
9 health departments included, and job losses,
10 and, in that context, we would have to provide
11 general revenue resources to support school
12 health because of challenges that schools may
13 have with levies and the like to sustain their
14 work.

15 And we did our best to -- we believe
16 we provided the best range of services to
17 schools because we had certified school health
18 nurses and we felt that the ratio of school
19 health nurses to clinic aides was appropriate.
20 And so we tried to sustain that and realized we
21 got to a point that we could not sustain it, and
22 we knew that there was a -- as I mentioned,
23 there was a -- there are other companies that
24 provided that service, and so we made a decision
25 to move away from that service.

1 Q. And you placed that economic
2 recession in time about ten years back?

3 MR. GALLUCCI: Object to form.

4 A. Around.

5 Q. Around ten years ago?

6 A. Around.

7 Q. But you say "around." I'm trying to
8 understand what you mean by "around." Does that
9 mean around ten years ago is when you believe
10 the recession took place?

11 MR. GALLUCCI: Object to form.

12 A. Around. You said what do you mean
13 by around, and then you said around, and I'm
14 saying around.

15 Q. Around ten years?

16 MR. GALLUCCI: Object to form.

17 A. I don't understand.

18 Q. Well, you articulated for me why the
19 number of employees for the Cuyahoga Board of
20 Health went down. You told me that it was the
21 result of a decision to move away from providing
22 school health programs. You said that was an
23 outgrowth of the economic recession that was
24 providing challenges for resources to public
25 health departments around the country. And I'm

1 asking you, can you place in time when that
2 happened?

3 MR. GALLUCCI: Object to form.

4 A. I think I said around ten years ago.

5 Q. Okay.

6 A. I know I said that multiple times,
7 around ten years ago.

8 Q. What is the Cuyahoga County Board of
9 Health's total budget currently?

10 A. It's approximately 22 million
11 dollars.

12 Q. And what are the sources of that 22
13 million dollars?

14 A. We have general revenue funds that
15 we receive from our villages and townships. We
16 receive some infrastructure support from the
17 county administration. We have permits and fees
18 that support programs and some contract work
19 that supports programs. We also receive
20 federal, state and local grants.

21 Q. Roughly, how much does the Cuyahoga
22 County Board of Health receive in federal, state
23 and local grants?

24 MR. GALLUCCI: Object to form.

25 A. Approximately 50 percent.

1 Q. And when you say "federal, state and
2 local grants," what is the local? What is the
3 source of the local grants?

4 A. Could be local foundations, the
5 philanthropic community, as an example.

6 Q. Are there other sources of local
7 grants?

8 A. I would say that's -- primarily the
9 local grants are the philanthropic community.

10 Q. And you mentioned another source of
11 revenue for the Cuyahoga County Board of Health
12 is contract work?

13 A. Yes.

14 Q. Is that where the Board of Health is
15 providing services under a contract and receives
16 compensation in exchange for those services?

17 A. Yes.

18 Q. And what percentage of the 22
19 million dollars is attributable to contract
20 work?

21 A. I don't know exactly.

22 Q. Can you give me a ballpark?

23 A. I don't feel comfortable with that.
24 I'd have to have the paperwork in front of me.

25 Q. Less than 10 percent?

1 MR. GALLUCCI: Object to form.

2 A. I don't feel comfortable answering
3 that.

4 Q. Less than 20 percent?

5 MR. GALLUCCI: Object to form.

6 A. I don't feel comfortable answering
7 that.

8 Q. You identified another source of
9 revenue as being permits and fees. What kinds
10 of permits and fees?

11 A. We have permits for septic systems,
12 for water wells, for food protection, for
13 tattoos and body art, things like that; and so
14 there are permits for restaurants, grocery
15 stores, and those permit fees come to us and we
16 use -- remit some of those to the state and use
17 others to implement the program.

18 Q. And how much each year does the
19 Cuyahoga County Board of Health receive in
20 permits and fees?

21 A. I don't know that number right now.

22 Q. Do you know it as a percentage of
23 the 22 million?

24 A. I don't.

25 Q. You also mentioned that the Cuyahoga

1 County Board of Health gets support from the
2 county?

3 A. Yes.

4 Q. What support does the Cuyahoga
5 County Board of Health receive from Cuyahoga
6 County?

7 MR. GALLUCCI: Object to form.

8 A. We have a number of programs -- so
9 there's several layers.

10 One is they provide some
11 infrastructure support for our utilities, that
12 sort of thing.

13 They also -- we also have contracts
14 for services from them for child fatality review
15 from birth to 18. We have a contract with them
16 to do newborn home visiting of moms who receive
17 Medicaid and whose children may be at risk for
18 adverse outcomes, health outcomes.

19 We receive through the county
20 planning commission dollars to support the solid
21 waste programs, so there are landfills and
22 transfer stations and compost facilities, and so
23 we receive some funding to do that work.

24 Those are things we get from the
25 county.

1 Q. And are you able to identify how
2 much the Cuyahoga County Board of Health gets
3 from the county itself?

4 A. I don't have that number.

5 Q. And are you able to tell me as a
6 percentage of the 22 million dollar total
7 budget?

8 A. Not off the top of my head.

9 Q. You also said that the Cuyahoga
10 County Board of Health receives general revenue
11 funds from the villages and townships within the
12 county?

13 A. Um-hum.

14 Q. So are those general revenue funds
15 that are being paid by Cuyahoga County itself?

16 A. By the villages and townships, so
17 not by county government but by each of those
18 individual municipalities, communities.

19 Q. And do each of those individual
20 municipalities pay those funds directly to the
21 Cuyahoga County Board of Health?

22 A. They come through the county through
23 property tax assessment.

24 Q. And how much of the 22 million
25 dollars in the Board of Health's total budget

1 comes from these general revenue funds that are
2 paid by villages and townships within Cuyahoga
3 County?

4 A. That number has changed, so I'm not
5 comfortable -- I'd have to go back and look and
6 have those numbers in front of me.

7 Q. Are you able to give me a percentage
8 of the 22 million dollars?

9 A. I'd have to look.

10 Q. In prior years has the funding that
11 the Cuyahoga County Board of Health received
12 differed markedly from what you described as the
13 sources of revenue for 2018?

14 MR. GALLUCCI: Object to form.

15 A. I think it's been fairly stable.
16 There have been some -- perhaps some small
17 changes, but it's been fairly consistent, I
18 think.

19 Q. When did you first learn that you
20 would be deposed in this case?

21 A. I think a few months ago.

22 Q. How did you learn?

23 A. Through our legal counsel.

24 Q. Who?

25 A. Tom O'Donnell.

1 Q. What is Tom O'Donnell's position?

2 A. He's our legal counsel.

3 Q. Is he the general counsel for the
4 Cuyahoga County Board of Health?

5 A. Yes.

6 Q. Did you do anything to prepare for
7 today's deposition?

8 A. I met with lawyers.

9 Q. How many times did you meet with
10 lawyers?

11 A. Twice.

12 Q. When was the first meeting with
13 lawyers to prepare for today's deposition?

14 A. Last week.

15 Q. Who did you meet with?

16 A. I met with Mr. Gallucci and Mr.
17 O'Donnell; a gentleman, Sal. I don't remember
18 Sal's last name. And there was one other
19 gentleman present and I don't recall his name.

20 Q. Did you meet with any non-lawyers?

21 A. No.

22 Q. Were there any non-lawyers attending
23 that meeting last week with Sal, Mr. Gallucci
24 and Mr. O'Donnell?

25 A. No.

1 Q. How long was that meeting last week
2 with the lawyers?

3 A. It was the day.

4 Q. Where did you meet?

5 A. We met at Mr. Gallucci's office.

6 Q. Did you review documents?

7 A. Yes.

8 Q. What documents did you review?

9 MR. GALLUCCI: Objection.

10 Do not answer. Privilege.

11 Q. Did reviewing the documents refresh
12 your recollection or jog any memories?

13 A. No.

14 Q. None?

15 MR. GALLUCCI: Objection.

16 A. No.

17 Q. You said you met with lawyers twice
18 to prepare for today's deposition. The first
19 one was last week. When was the second?

20 A. It was last week. It was a phone
21 call.

22 Q. And did this phone call proceed or
23 follow the in-person meeting?

24 A. It followed.

25 Q. How long was the phone call?

1 A. Less than an hour.

2 Q. Who participated in the phone call?

3 A. Mr. Gallucci and Sal. Forgive me
4 for not knowing Sal's last name.

5 Q. Did Mr. O'Donnell participate in
6 that call?

7 A. No.

8 Q. Did anyone else participate in that
9 call?

10 A. No.

11 Q. Did you review documents during that
12 phone call?

13 A. No.

14 Q. Other than the two meetings you've
15 described, the all-day meeting last week and the
16 follow-up phone conversation, did you do
17 anything else to prepare for today's deposition?

18 A. No.

19 Q. Did you review the complaint in this
20 case?

21 A. No.

22 Q. Did you review any of the pleadings
23 or submissions by the lawyers in the court?

24 A. No.

25 Q. Did you review any transcript of

1 deposition testimony given by anyone else in the
2 case?

3 A. No.

4 Q. Did you review any excerpts or
5 summaries of any testimony given in a deposition
6 by anyone else in the case?

7 A. No.

8 Q. Did you review any of the documents
9 that have been produced by any of the parties in
10 this case?

11 A. No.

12 Q. Did you review any of your own
13 documents?

14 A. With Mr. Gallucci.

15 Q. Outside your meeting with
16 Mr. Gallucci, did you review any documents?

17 A. No.

18 Q. Either documents produced by another
19 party, your own documents, or the Cuyahoga
20 County Board of Health documents?

21 A. No.

22 Q. Did you have any conversations with
23 any non-lawyers for the Board of Health or for
24 Cuyahoga County?

25 A. No.

1 Q. Have you discussed you're being
2 deposited today with anyone?

3 A. My folks at work know I won't be
4 there today. My leadership group knows I won't
5 be there because I'm here.

6 Q. And who do you put in the leadership
7 group at the Cuyahoga County Board of Health?

8 A. The -- it would be our fiscal,
9 legal, and our directors.

10 Q. And who are you referring to when
11 you say "fiscal"?

12 A. Our chief fiscal officer.

13 Q. Who is that?

14 A. Judy Wirsching.

15 Q. Who are you referring to when you
16 say "legal"?

17 A. Mr. O'Donnell.

18 Q. And who are you referring to as the
19 directors?

20 A. Rick Novickis is the environmental
21 health director. Claire Boettler. I sent an
22 e-mail to them and told them I wouldn't be in.
23 So Claire Boettler and Najeebah Shine. I
24 mentioned her earlier. And Chris Kippes, who is
25 our director of epidemiology, surveillance and

1 informatics.

2 Q. Did you alert anyone else that you
3 would be deposed today?

4 A. No.

5 Q. You sent a single e-mail to this
6 group?

7 A. Yes.

8 Q. Besides that e-mail, did you tell
9 anyone that you would be deposed today?

10 A. No.

11 Q. What is your understanding of this
12 lawsuit?

13 A. I have only a basic understanding,
14 that the county is in a legal suit with the
15 pharmaceutical industry.

16 Q. You said your understanding is the
17 county is in a suit with the pharmaceutical
18 industry. Can you provide any more details?

19 A. No.

20 Q. Is the county the plaintiff or the
21 defendant in the lawsuit?

22 MR. GALLUCCI: Object to form.

23 A. The county is the plaintiff, I
24 think.

25 Q. Who are the defendants?

1 A. I don't know specifically.

2 Q. Do you know generally?

3 A. Not really.

4 Q. Are you able to identify any person
5 or entity that is a defendant in the lawsuit?

6 A. No.

7 Q. Are you able to identify any
8 category or group of entities that are
9 defendants?

10 A. Other than what I've said, no.

11 Q. You said that you understand that
12 Cuyahoga County is in a suit with the
13 pharmaceutical industry. What do you mean by
14 "pharmaceutical industry"?

15 A. Companies that make pharmaceuticals.

16 Q. So do I understand you correctly
17 that you believe that companies that make
18 pharmaceuticals are defendants in this lawsuit?

19 A. That's my understanding.

20 Q. Do you have an understanding as to
21 whether there are any other defendants in this
22 case --

23 A. No.

24 Q. -- besides companies that make
25 pharmaceuticals?

1 A. No.

2 Q. What is your understanding of why
3 companies that make pharmaceuticals are
4 defendants in this case?

5 A. I don't have details to the case at
6 all.

7 Q. Even if you don't have details, what
8 is your understanding of why the companies that
9 make pharmaceuticals are defendants in this
10 case?

11 A. I don't have any details to that
12 matter.

13 Q. Do you understand what the alleged
14 wrongdoing is by the pharmaceutical companies
15 that warrants them being defendants?

16 A. I haven't read any of the material
17 related to the case or have any details to make
18 that determination.

19 Q. I'm not asking you for a
20 determination. I'm just asking you for your
21 understanding. What is your understanding of
22 why Cuyahoga County has sued companies that make
23 pharmaceuticals?

24 A. I haven't read any of the material
25 or details of the case to answer that question.

1 Q. So is it accurate to say that the
2 only thing you know about this lawsuit is that
3 Cuyahoga County is the Plaintiff, it filed a
4 lawsuit against companies that make
5 pharmaceuticals?

6 A. Yes.

7 Q. And you don't know anything else
8 about the lawsuit, the claims that have been
9 asserted or the allegations that have been made?

10 A. I can't speak to the details of the
11 case. I'm not familiar with the details of the
12 case.

13 Q. Well, can you tell me anything else
14 about the claims that have been made in this
15 case?

16 A. I can't speak to any details, any
17 more details than I've provided.

18 Q. Can you identify for me the
19 allegations made against any of the companies
20 that make pharmaceuticals?

21 A. No.

22 Q. Can you tell me what the theory of
23 wrongdoing is against the companies that make
24 pharmaceuticals?

25 MR. GALLUCCI: Object to form.

1 A. No.

2 Q. Have you had any dealings with
3 Cardinal Health?

4 A. No.

5 Q. Have you spoken or communicated with
6 anyone from Cardinal Health?

7 A. No.

8 Q. Have you had any dealings with
9 McKesson Corporation?

10 A. No.

11 Q. Have you spoken or communicated with
12 anyone from McKesson Corporation?

13 A. No.

14 Q. Have you had any dealings with
15 AmerisourceBergen Corporation?

16 A. No.

17 Q. Have you spoken or communicated with
18 anyone at AmerisourceBergen Corporation?

19 A. No.

20 Q. The Cuyahoga County Board of Health
21 website lists you as part of the Agency
22 Leadership Team. Does that sound right to you?

23 A. Yes.

24 Q. What is the Agency Leadership Team
25 at the Cuyahoga County Board of Health?

1 A. Those are the -- the directors from
2 the -- all the service areas of the agency and
3 people from leadership, from administration.

4 Q. And do you consider yourself to be
5 part of the leadership team of the Cuyahoga
6 County Board of Health?

7 A. Yes.

8 Q. Since 2004, when you became the
9 health commissioner?

10 A. Um-hum. Yes.

11 Q. Do you consider yourself to be part
12 of the leadership team at the Cuyahoga County
13 Board of Health for the period prior to 2004
14 when you became the health commissioner?

15 A. For a couple years I served as
16 assistant health commissioner, but the structure
17 of the leadership team was something that we
18 recently structured and named over the last few
19 years.

20 Q. Have you ever testified in a
21 deposition before today?

22 A. Yes. A long time ago.

23 Q. How many times?

24 A. I think only once.

25 Q. And in that case where you were

1 deposed, were you a party or a witness?

2 A. I was a witness.

3 Q. What type of case was it?

4 A. It was a long time ago, but as I
5 recall, it was a concern about -- from a
6 homeowner about mold exposure in a home, and I
7 had been asked -- it's at least 20 years ago. I
8 was asked to provide my context for what I saw
9 in the unit and the disposition of it.

10 Q. Did you give testimony in connection
11 with your work for the Cuyahoga County Board of
12 Health?

13 A. Yes.

14 Q. Did you get a transcript of your
15 testimony afterwards?

16 A. I don't remember.

17 Q. Do you remember reviewing the
18 transcript to identify whether there were any
19 errors?

20 A. No.

21 Q. Separate from that instance where
22 you were deposed, have you ever testified under
23 oath?

24 MR. GALLUCCI: Object to form.

25 A. Testified under oath? I don't think

1 so, no.

2 Q. Have you ever testified at a trial?

3 A. No.

4 Q. Have you ever testified at an
5 evidentiary hearing in a court?

6 A. No.

7 Q. Have you ever testified at an
8 arbitration?

9 A. No.

10 Q. Do you understand that you are under
11 oath today?

12 A. Yes.

13 Q. Do you understand what it means to
14 be under oath?

15 A. Yes.

16 Q. Do you understand that you must tell
17 the truth, the whole truth and nothing but the
18 truth?

19 A. Yeah.

20 Q. Do you understand that you must
21 testify about what you know, not what someone
22 told you to say?

23 MR. GALLUCCI: Object to form.

24 A. Yes.

25 Q. Do you understand that you're

1 required to testify about what you know, not
2 what you think someone wants you to say?

3 MR. GALLUCCI: Object to form.

4 A. Yes.

5 Q. Do you understand that you're
6 required to testify about what you know and not
7 what someone else thinks you should say?

8 MR. GALLUCCI: Object to form.

9 A. Yes.

10 Q. Could you briefly describe your
11 educational background?

12 A. Sure.

13 I have an undergraduate degree in
14 biology from Bowling Green State University in
15 Ohio. I have a Master of Public Health from the
16 University of Hawaii, Manoa.

17 Q. Do you have any professional
18 certifications?

19 A. I have a registered sanitarian
20 certification, which is an environmental health
21 credential.

22 Q. When did you get that registered
23 sanitarian certification?

24 A. Probably, you know, near -- around
25 1990, I guess.

1 Q. And what is involved in getting that
2 registered sanitarian certificate?

3 A. You have to have basic science
4 courses to be eligible, and then you are a
5 sanitarian in training for a couple years, and
6 then you have to study for and sit for an exam,
7 and then receive continuing education credits.

8 Q. What are the continuing education
9 requirements?

10 A. For environmental health coursework.

11 Q. And is there a certain number per
12 year?

13 A. Yeah. It's changed over the years.

14 Q. Have you maintained that
15 certification through the present?

16 A. Yes.

17 Q. Continuously since, roughly, 1990,
18 when you first got it?

19 A. Yes.

20 Q. What did you mean before when you
21 said it's an environmental health credential?

22 A. So for the -- I mentioned our
23 environmental health service area. To have
24 the -- to be able to conduct food protection
25 services, so a range of environmental health

1 programs, you have to have the credential in
2 order to be eligible to do the work.

3 Q. Do you have any other professional
4 certifications?

5 A. No.

6 Q. Are you a lawyer?

7 A. No.

8 Q. Are you -- do you have any training
9 as a lawyer?

10 A. No.

11 Q. Are you a pharmacist?

12 A. No.

13 Q. Do you have any training as a
14 pharmacist?

15 A. No.

16 Q. Are you a statistician?

17 A. No.

18 Q. Do you have any training as a
19 statistician?

20 A. Only basic coursework for my
21 Master's level, some basic statistical
22 coursework, but I'm not a statistician.

23 Q. So you took some basic coursework in
24 statistics in connection with your Master's of
25 Public Health degree?

1 A. Yes.

2 Q. Have you taken any coursework since
3 then?

4 A. No.

5 Q. Are you an accountant?

6 A. No.

7 Q. Do you have any training as an
8 accountant?

9 A. No.

10 Q. Do you have any training or
11 expertise in pharmacology?

12 A. No.

13 Q. Do you have any training or
14 expertise in behavioral health?

15 A. No.

16 Q. Do you have any training or
17 expertise in mental health?

18 A. No.

19 Q. Do you have any training or
20 expertise in psychology?

21 A. No.

22 Q. Do you have any training or
23 expertise in psychiatry?

24 A. No.

25 Q. Do you have any training or

1 expertise in toxicology?

2 A. In my Master's coursework, I took
3 some toxicology.

4 Q. Basic toxicology materials?

5 A. Yes.

6 Q. In connection with your Master's of
7 Public Health degree?

8 A. Yes.

9 Q. Have you had -- taken any coursework
10 or had any training in toxicology since getting
11 your Master's in Public Health?

12 A. No.

13 Q. Do you have any training or
14 expertise in addiction medicine?

15 A. No.

16 Q. Any training or expertise in
17 substance abuse counseling?

18 A. No.

19 Q. Do you have any training or
20 expertise in epidemiology?

21 A. In my coursework for the Master's
22 degree, I took epidemiology courses.

23 Q. So you took the basic epidemiology
24 courses in connection with your Master's in
25 Public Health degree?

1 A. I might have taken several
2 epidemiology courses at the time. I'd have to
3 go back and -- that was 1992, so it's been a
4 number of years.

5 Q. Have you had any coursework in
6 epidemiology since then?

7 A. I think from maybe continuing
8 education -- there's been epidemiology
9 components of continuing education through the
10 years, but I can't specifically note that. But
11 it's part of the work that I do.

12 Q. Have you received any training in
13 epidemiology separate and apart from the fact
14 that there may be some epidemiology covered in
15 your continuing education courses?

16 A. No, no additional training.

17 Q. Have you ever posted to social media
18 about issues that relate to your work with the
19 Cuyahoga County Board of Health?

20 MR. GALLUCCI: Object to form.

21 A. Occasionally to Twitter.

22 Q. What kinds of postings have you made
23 to Twitter in connection with your work?

24 A. Not often. Around -- issues around
25 tobacco, for instance, electronic cigarettes,

1 support for Medicaid expansion, things like
2 that. And not often; occasionally.

3 Q. Have you ever posted to Twitter
4 about opioids?

5 A. No. I don't think so.

6 Q. Have you ever posted to Twitter
7 about drug abuse?

8 A. No.

9 Q. Have you ever posted to Twitter
10 about drug addiction?

11 A. No. I don't believe so.

12 Q. Have you ever posted to Twitter
13 about overdoses from drug use?

14 A. I don't think so.

15 Q. Have you posted to other social
16 media about issues that relate to your work with
17 the Cuyahoga County Board of Health?

18 MR. GALLUCCI: Object to form.

19 A. No.

20 Q. Earlier you described the 44
21 programs and services that the Cuyahoga County
22 Board of Health has.

23 A. I described some of them. I don't
24 think I hit all 44.

25 Q. Fair enough. Fair enough.

1 You said that the Cuyahoga County
2 Board of Health has 44 different programs and
3 services?

4 A. I did say that, yes.

5 Q. Okay. And you described some of
6 them?

7 A. Yes.

8 Q. Do any of those programs and
9 services involve drug abuse?

10 A. We have what we call an opioid task
11 force that we facilitate on behalf of the
12 county. We also have supported a program that
13 provides -- we support a community agency that
14 does syringe services, where they provide clean
15 needles for people in the community to prevent
16 disease transmission.

17 Q. Anything else?

18 A. I think those are the ones I can
19 think of right now.

20 Q. So what is the community agency that
21 is supported by the Cuyahoga County Board of
22 Health that provides clean needles?

23 A. Circle Health Services.

24 Q. Circle Health Services, is that a
25 governmental entity?

1 A. No. It's a non-profit.

2 Q. Circle Health Services is a
3 non-profit organization?

4 A. Yes.

5 Q. And for how long has the Cuyahoga
6 County Board of Health been supporting Circle
7 Health Services?

8 A. Several years ago there was some
9 statutory change at the state level that
10 required that local health departments provide
11 support for governance structure for entities
12 that were providing syringe services in Ohio,
13 and at that time we worked with our partners at
14 the Cleveland Department of Public Health and
15 convened partners in the agency that -- partners
16 in the community that were involved in the work,
17 and -- as required under the statute, so we did
18 that, and at the time -- and also advocated for
19 resources, and continue to advocate for
20 resources, for Circle Health to provide both
21 fixed and mobile sites for syringe services and
22 referral to treatment programs.

23 Q. Has the Cuyahoga County Board of
24 Health provided any funding to Circle Health
25 Services in 2018?

1 A. No.

2 Q. Did the Cuyahoga County Board of
3 Health provide any funding to Circle Health
4 Services in 2017?

5 A. No.

6 Q. Did the Cuyahoga County Board of
7 Health provide funding to Circle Health Services
8 in any prior year?

9 A. No.

10 Q. So has the Cuyahoga County Board --

11 A. Excuse me. We provide research to
12 Circle Health through our Ryan White program,
13 but not for the syringe service program. They
14 compete and received grants for Ryan White.
15 That is HIV and AIDS support services.

16 Q. Has the Cuyahoga County Board of
17 Health ever provided funding to Circle Health
18 Services in connection with its program to
19 provide clean needles?

20 MR. GALLUCCI: Object to form.

21 A. No.

22 Q. Is the only funding that the
23 Cuyahoga County Board of Health has provided to
24 Circle Health Services in connection with the
25 Ryan White HIV and AIDS support program?

1 A. Yes, that I'm aware of. That would
2 be the --

3 Q. You said earlier, "We have the
4 opiate task force." Is that the Cuyahoga County
5 Opiate Task Force?

6 MR. GALLUCCI: Object to form.

7 A. Yes. There are several task forces.
8 Well, there's at least a couple that I'm aware
9 of.

10 Q. What were you referring to?

11 A. I was referring to the Cuyahoga
12 County Opiate Task Force, and there also is a --
13 the U.S. Attorneys has a task force.

14 Q. Does the Cuyahoga County Board of
15 Health provide support to the U.S. Attorney's
16 task force?

17 A. Our staff have over the years. When
18 Steve Dettelbach and Carole Rendon were part of
19 that, I think Vince -- Vince Caraffi I think
20 participated on that. He's been involved with
21 the -- with our opiate task force for some time.

22 Q. Vince Caraffi is an employee of the
23 Board of Health?

24 A. Um-hum.

25 Q. What is his position?

1 A. He's a supervisor.

2 Q. In what area or areas?

3 A. He's in environmental health.

4 Q. And did Vince Caraffi, in that
5 capacity, participate in the U.S. Attorney's
6 task force?

7 A. I believe he did, yes, for a period
8 of time. I'm not sure of the current status.

9 Q. Do you know what period of time he
10 was involved?

11 A. No. You have to ask him.

12 Q. Was anyone else on the Cuyahoga
13 County Board of Health staff involved in the
14 U.S. Attorney's task force?

15 A. I don't know.

16 Q. Were you ever involved in the U.S.
17 Attorney's task force?

18 A. No.

19 Q. When was the Cuyahoga County Opiate
20 Task Force created?

21 A. I guess it was about --
22 approximately five years ago.

23 Q. And did it exist prior to five years
24 ago, albeit under a different name?

25 A. I don't know.

1 Q. You said earlier, "We facilitate the
2 Cuyahoga County Opiate Task Force on behalf of
3 Cuyahoga County." What do you mean?

4 A. We work in conjunction with county
5 administration and facilitate a collaborative of
6 community agencies, discussion group, and
7 sharing resources, experiences and actions.

8 Q. And when you say "county
9 administration," who are you referring to?

10 A. Cuyahoga County administration.

11 Q. Has the Cuyahoga County Board of
12 Health provided funding to the Cuyahoga County
13 Opiate Task Force in 2018?

14 A. We have funding -- we have staff
15 that facilitate that, so we're providing staff
16 resource time to do that work, yes.

17 Q. So the Cuyahoga County Board of
18 Health provides staff who spend some of their
19 time arranging for funding for the Cuyahoga
20 County Opiate Task Force?

21 A. We provide staff that facilitate the
22 Cuyahoga County Opiate Task Force.

23 Q. Does the Cuyahoga County Board of
24 Health give any money to the Cuyahoga County
25 Opiate Task Force?

1 A. I think I consider our staff time to
2 be -- to be a resource, and that's money, that's
3 people's time that are committed to do the work,
4 and the facilitation.

5 Q. Okay. I hear you that the Cuyahoga
6 County Board of Health gives staff time to
7 facilitate the work of the opiate -- Cuyahoga
8 County Opiate Task Force, but I'm asking about
9 the transfer of dollars.

10 A. Okay.

11 Q. Does the Cuyahoga County Board of
12 Health transfer any dollars to the Cuyahoga
13 County Opiate Task Force?

14 A. So the task force itself is not like
15 a non-profit entity. It doesn't exist like
16 formally. So there are partners, you know, that
17 are on the task force that way. So we have
18 funds that we receive that may go to partners on
19 the task force, but not to -- to member agencies
20 in the task force to perform services.

21 Q. So if I heard you correctly, you
22 said that the Cuyahoga County Opiate Task Force
23 is not a legal entity. Did I hear you
24 correctly?

25 A. Yes.

1 Q. So the task force is a collection of
2 individuals and organizations that share a
3 common interest?

4 A. Yes.

5 Q. And so has the Cuyahoga County Board
6 of Health ever transferred dollars to the
7 Cuyahoga County Opiate Task Force?

8 A. You asked that question before. The
9 opiate task force doesn't exist as a legal
10 entity, and so there -- and I'll repeat. The
11 partner agencies -- as I said just before, the
12 partner agencies, there are members that may
13 receive funding to perform specific tasks
14 related to the work of the task force.

15 Q. Right. So I think you're saying it
16 is true that the Cuyahoga County Board of Health
17 has not transferred any dollars to the Cuyahoga
18 County Opiate Task Force.

19 MR. GALLUCCI: Object to form.

20 A. I don't understand how this is
21 different than what you just asked me.

22 Q. Because you keep qualifying it by
23 saying we may have given money to partners who
24 were involved in the Cuyahoga County Opiate Task
25 Force. I hear you. I'm not asking about money

1 going to partners in the task force. I'm asking
2 about money that goes to the task force itself.
3 And you may say that's a non-sensical question
4 because the task force is not a legal entity, it
5 doesn't exist formally and it can't receive
6 funds. I still want to establish, just so
7 there's no ambiguity, is it accurate to say that
8 the Cuyahoga County Board of Health has not
9 transferred any dollars to the Cuyahoga County
10 Opiate Task Force?

11 MR. GALLUCCI: Object to form.

12 A. I think the partners are the task
13 force. The task force would not exist without
14 the partners.

15 Q. Okay. So what funds has the
16 Cuyahoga County Board of Health given to the
17 partners in the Cuyahoga County Opiate Task
18 Force?

19 A. I can't speak to exactly what those
20 funds are. I know that there are funds relative
21 to the work of the task force that are allocated
22 through funds that we have, but I can't speak to
23 the details.

24 Q. So who at the Cuyahoga County Board
25 of Health is knowledgeable about funds that the

1 Board of Health has given to individuals or
2 entities you've described today as partners in
3 the Cuyahoga County Opiate Task Force?

4 A. Vince Caraffi would be probably the
5 most -- the person to speak to the most.

6 Q. Anyone else?

7 A. April Vince, I think.

8 Q. Anyone else?

9 A. I think right now those are the two
10 I can think of that would be most aware.

11 Q. So if you wanted to figure out what
12 money the Cuyahoga County Board of Health has
13 paid to entities you've described as partners in
14 the Cuyahoga County Opiate Task Force, you would
15 ask Mr. Caraffi and Ms. Vince?

16 A. Yes.

17 Q. Why would you ask Mr. Caraffi?

18 A. Because he has been a facilitator of
19 the task force work.

20 Q. Why would you ask Ms. Vince?

21 A. Because she's also been involved in
22 the facilitation of the task force.

23 Q. Is Ms. Vince an employee of the
24 Cuyahoga County Board of Health?

25 A. Yes.

1 Q. What is her position?

2 A. I believe she is a program manager.

3 Q. In what division?

4 A. Environmental health.

5 Q. Sitting here today, can you identify
6 any funding that the Cuyahoga County Board of
7 Health has provided at any time to any entity in
8 connection with its involvement in the Cuyahoga
9 County Opiate Task Force?

10 A. Can you repeat that again? I'm
11 sorry.

12 Q. Sure.

13 Sitting here today, can you identify
14 any funding that the Cuyahoga County Board of
15 Health has provided at any time to any entity in
16 connection with its involvement in the Cuyahoga
17 County Opiate Task Force?

18 MR. GALLUCCI: Object to form.

19 A. I think I need to do that in the
20 context of understanding everyone involved, and
21 I would refer back to Vince to provide that
22 context appropriately. So I don't -- I would --
23 I can't speak to that in the detail necessary
24 for clarity.

25 Q. You said earlier that the Cuyahoga

1 County Board of Health gives staff time that
2 facilitates the opiate task force. Which staff
3 are you referring to?

4 A. That would be Vince Caraffi, April
5 Vince. There may be questions that are needed
6 or other support people in the agency that
7 are -- from time to time participate. I know
8 that I've participated from time to time in
9 meetings. Rick Novickis has participated from
10 time to time in meetings. I'm sure our legal
11 counsel has participated in support of the task
12 force. I'm sure, given the transactions of
13 dollars, that our fiscal people have been
14 involved in supporting the task force. And I
15 know there are probably people that I haven't
16 named. So it has had -- there are a range of
17 supports, supports that I don't have in front of
18 me, that people are in place to support the work
19 of the task force.

20 Q. What support have you personally
21 provided to the Cuyahoga County Opiate Task
22 Force?

23 A. I've attended -- I attend meetings
24 from time to time. I've talked to them about
25 the syringe service program and what it does and

1 the harm reduction approach that is involved
2 there.

3 Q. Anything else?

4 A. Not that I can think of, no.

5 Q. So I'm trying to identify what time
6 you've spent in support of the work of the
7 Cuyahoga County Opiate Task Force, and I heard
8 you say you've attended meetings and you've
9 provided information about the syringe service
10 program?

11 A. Um-hum.

12 Q. Is that accurate?

13 MR. GALLUCCI: You need to say yes
14 or no. When you answer, say yes or no as
15 opposed to um-hum.

16 THE WITNESS: Oh, I'm sorry. Thank
17 you for the reminder.

18 A. I'm sorry. Could you repeat that
19 again?

20 Q. Yeah.

21 So I want to understand what you've
22 done to support the work of the Cuyahoga County
23 Opiate Task Force, and I understood you to say
24 you've done two things; one, you've attended
25 meetings --

1 A. Um-hum.

2 Q. -- correct?

3 A. Yes, I have.

4 Q. And, two, you've provided
5 information about the syringe service program,
6 correct?

7 A. Yes.

8 Q. Is there anything you would add to
9 that list?

10 A. I probably have -- maybe once a
11 year, maybe twice, we brief our board about
12 activities.

13 Q. And you say "brief our board." Are
14 you referring to the Board of Health itself?

15 A. Yes.

16 Q. And you say "we."

17 A. Well, I may do that in conjunction
18 with Vince or others.

19 Q. So you're saying you, perhaps with
20 Vince or others, may have briefed the Board of
21 Health on the work of the Cuyahoga County Opiate
22 Task Force?

23 A. Yes.

24 Q. You say "may." Do you have a
25 recollection of -- of giving an update or a

1 briefing to the Board of Health --

2 A. Yes.

3 Q. -- on the work of the task force?

4 A. I don't have exact dates, but we --
5 as I mentioned earlier, we have 44 programs and
6 services, so from time to time we provide board
7 updates on activities that are occurring in the
8 agency, and so I know that once, maybe twice a
9 year, we might brief the board on activities of
10 the opiate task force.

11 Q. Are you a member of the Cuyahoga
12 County Opiate Task Force?

13 A. I think their members are agency
14 members, and so yes, our agency is a member, and
15 different agencies may send different people to
16 the meetings, so there really, I think, are
17 predominantly member agencies.

18 Q. Have you chaired any committee of
19 the Cuyahoga County Opiate Task Force?

20 A. No.

21 Q. Have you chaired any subcommittee of
22 the Cuyahoga County Opiate Task Force?

23 A. No.

24 Q. Have you served on any committee of
25 the Cuyahoga County Opiate Task Force?

1 A. No.

2 Q. Have you served on any subcommittee
3 of the Cuyahoga County Opiate Task Force?

4 A. No.

5 Q. Have you done any fieldwork on
6 behalf of the Cuyahoga County Opiate Task Force?

7 A. Can you explain what you mean by
8 "fieldwork"?

9 Q. Yes.
10 Have you gone into the field to
11 gather data or evidence?

12 A. Oh. No.

13 Q. So, with that definition, have you
14 done any fieldwork for the Cuyahoga County
15 Opiate Task Force?

16 A. No.

17 Q. Have you analyzed any data for the
18 Cuyahoga County Opiate Task Force?

19 A. Not on behalf of the opiate task
20 force.

21 Q. Have you given any presentations to
22 the Cuyahoga County Opiate Task Force?

23 A. Yes. I spoke to them about the
24 syringe service program, as I mentioned earlier.

25 Q. Other than speaking to the Cuyahoga

1 County Opiate Task Force about the syringe
2 service program, have you ever made a
3 presentation to the task force?

4 A. Not that I can recall.

5 Q. Have you participated in the
6 drafting or development of presentations by
7 others to the Cuyahoga County Opiate Task Force?

8 MR. GALLUCCI: Objection to form.

9 A. Have I -- I've watched people
10 present to the task force.

11 Q. You've watched the presentations
12 themselves?

13 A. Yes.

14 Q. Before the presentations are given,
15 have you assisted in drafting or revising or
16 developing any presentations that were to be
17 given to the Cuyahoga County Opiate Task Force?

18 MR. GALLUCCI: Object to form.

19 A. No.

20 Q. Have you given any presentations on
21 behalf of the Cuyahoga County Opiate Task Force
22 to others?

23 MR. GALLUCCI: Object to form.

24 A. When I present -- and I present in
25 the community on a lot of public health issues

1 -- I've talked about the work of the opiate task
2 force, yes.

3 Q. Have you done any work for any other
4 task force or commission that is looking at the
5 problem of opioids in the county?

6 MR. GALLUCCI: Objection to form.

7 A. No, I don't think so.

8 Q. Have you served as any -- as a
9 member of any task force or commission looking
10 at the problem of opioids anywhere in Ohio?

11 MR. GALLUCCI: Object to form.

12 A. No commission or anything of that
13 nature, no.

14 Q. You said earlier that you have
15 provided information to the Cuyahoga County
16 Opiate Task Force about the syringe service
17 program?

18 A. Yes.

19 Q. What is the syringe service program?

20 A. So, in Cleveland, at least 20 years
21 ago, a program was established to provide clean
22 syringes to people who -- to people who are
23 addicted to substances. And so the program was
24 established to try to control HIV, hepatitis C,
25 hepatitis A transmission, which is a -- sort of

1 a -- part of this continuum from what we're
2 seeing in the -- the prescription opioid
3 transition.

4 The story from the task force is
5 for -- this is for context. So the prescription
6 opioids -- there were a lot of opioids in the
7 community. People became addicted. People --
8 based on that addiction, some people went into
9 treatment, they went into relapse, and then
10 based on relapse, they may go to a street form
11 of opiates. It could be heroin -- and the data
12 from the medical examiner describes it. It
13 could be heroin. It could be fentanyl. It
14 could be carfentanil. There's been a cascade,
15 and the medical examiner's data describes that,
16 I think, in great detail.

17 And so in that process we then
18 started to see, through the syringe service
19 program, that we had not only heroin as being
20 injected, we started to see also other
21 substances that were being injected, so there's
22 this continuum from prescription opioids to
23 folks who either had -- no longer had access to
24 prescription opioids and then went to some
25 illicit form, or went into treatment and

1 relapsed and then they overdosed and we had
2 overdose deaths, which then I think was part of
3 this fulmination that we're seeing, and this
4 became a major problem in Ohio and other places.

5 So the whole purpose of the syringe
6 service program specifically was to try to
7 mitigate these -- this cascade of problems. And
8 I've talked with a number of people that have
9 had -- there was people that were -- on that
10 service that -- the military service, that were
11 in this -- in this sort of difficult spiral,
12 tragic stories, and in those discussions.

13 The idea of syringe service program
14 is not only to provide clean syringes and to
15 prevent transmission. In Indiana they had a
16 huge outbreak of HIV occur because of dirty
17 needles. And then hepatitis C is also a
18 problem. It also has caused problems with
19 endocarditis, which is an infection of a heart
20 valve, we hear from the Cleveland Clinic
21 doctors. And endocarditis causes heart valves
22 not to work and they have to replace heart
23 valves. So this is an additional facet of this
24 cascade of problems.

25 And so the harm reduction approach

1 from the syringe service program is meant to try
2 to mitigate the -- sort of the downstream
3 effects of this large problem, for context.

4 Q. You said earlier you attend meetings
5 of the Cuyahoga County Opiate Task Force?

6 A. Yes.

7 Q. Do you attend each meeting?

8 A. No.

9 Q. Do you attend most meetings?

10 A. I attend several meetings a year.

11 Q. Several meetings a year?

12 A. Yeah.

13 Q. And what are the factors that
14 determine whether you attend a meeting or not?

15 A. Availability, maybe context of the
16 discussion. Most of the time we have two staff
17 people in the room at least, if not more, for
18 every discussion.

19 Q. And for how long have you been
20 attending meetings of the Cuyahoga County Opiate
21 Task Force?

22 A. Probably from time to time I would
23 think probably from when it was started.

24 Q. What percentage of your work time in
25 2018 has been spent on the work of the Cuyahoga

1 County Opiate Task Force?

2 A. I don't know.

3 Q. Less than 25 percent?

4 A. I don't know.

5 Q. You can't give me an estimate at
6 all?

7 A. I don't feel comfortable estimating
8 if I don't have the numbers in front of me.

9 Q. What numbers do you need in front of
10 you to figure out what percentage of time you
11 spend on the work of the Cuyahoga County Opiate
12 Task Force as opposed to --

13 A. There's a lot of time I spend in
14 general administration. I don't have the
15 numbers to say exactly.

16 Q. Okay. And how would you go about
17 determining the answer to that question? What
18 numbers would you look at?

19 A. We'd probably have to look at some
20 of our internal reports to try to determine what
21 that number looks like.

22 Q. What internal reports?

23 A. To some degree, probably our daily
24 reports.

25 Q. Why would you look at the daily

1 reports?

2 A. Because there's some daily reports
3 that provide -- that we have codes that we use.
4 I usually, from an administrative standpoint,
5 use general codes, so my codes would be more
6 general for program administration, which would
7 give a sense of my overall responsibility of
8 program administration across the agency. They
9 would still be only estimates.

10 Q. What is the daily report?

11 A. They're reports where we catalog our
12 time for our activities.

13 Q. And what is the purpose of
14 cataloging your time in a daily report?

15 A. The daily report is to be able to
16 demonstrate our activities back to our
17 communities that we serve and also to agencies
18 where we may receive funds to conduct work.

19 Q. So do you prepare this daily report
20 for each day of work?

21 A. Yes. All employees provide -- do
22 daily reports for each day of work.

23 Q. Every employee of the Cuyahoga
24 County Board of Health generates a daily report
25 cataloging their time?

1 A. Yes.

2 Q. And what are the codes that are used
3 in these daily reports?

4 A. There are lots of codes.

5 Q. Are there categories of codes?

6 A. There are codes for -- yes, by
7 category, that are put together.

8 Q. What are the different categories?

9 A. There are many.

10 Q. Can you give me a few examples?

11 A. So there are codes that, first,
12 relate back to whether you're doing something
13 for an individual community or the county
14 overall. We have some programs that are
15 regional, so it would need to indicate if you
16 were working out of the county.

17 There are some codes then that
18 relate back to a disease event; for instance,
19 you're responding to an outbreak, you're
20 responding to Ebola, something like that, when
21 that happened here in Cleveland.

22 And then there are codes that then
23 relate back to specific programs and services
24 that people provide. It may be food protection.
25 It may be tobacco reduction.

1 And then you provide and estimate
2 the amount of time associated with those.

3 And then there's a further category
4 to say whether it's personnel, program
5 administration, program assistance, development
6 and assistance, that sort of thing. But there
7 are lots of codes.

8 Q. Is there a listing of the codes
9 somewhere that you can use as a guide when
10 trying to determine how to code your time?

11 A. There are drop-down menus.

12 Q. Drop-down menus where?

13 A. We have a system called the
14 Enterprise system.

15 Q. Does every employee have access to
16 this Enterprise system?

17 A. Yes.

18 Q. And where do you go within the
19 Enterprise system to get the drop-down menu
20 showing the codes?

21 A. You go into the system. You log in
22 as an employee, and once you come up, then you
23 have access to your daily reports to fill them
24 out.

25 Q. Are there any codes that are

1 specific to drug abuse?

2 A. I don't know specifically.

3 Q. Are there any codes that are
4 specific to opioids?

5 A. Probably.

6 Q. Why do you say "probably"?

7 A. Because it's a program activity that
8 some of our staff use. Most of the
9 administration people, like me, use more of the
10 general codes around program administration or
11 program assistance, development and assistance
12 codes, which are more general.

13 Q. Separate from how much time you
14 spend in connection with the Cuyahoga County
15 Opiate Task Force, what percentage of your time
16 do you spend on the problem of opioids?

17 A. I think they're connected. The task
18 force and -- overall, I would just -- I'd put it
19 in one category.

20 Q. So whatever time you spent on the
21 Cuyahoga County Opiate Task Force is the time
22 you spent on the problem of opioids?

23 A. No. I misunderstood. Thank you for
24 the clarification.

25 I speak in the community on a range

1 of public health problems and I'm asked to do
2 that all the time, and so when I do that, I may
3 speak on a range of our services and have for
4 some time generally include information on the
5 work of the task force and talk about the scope
6 of the problem.

7 Q. So how would you go about
8 identifying the percentage of your time that you
9 spend on the problem of opioids in the
10 community?

11 A. I'd have to think about that. I'd
12 have to think about that. I don't know that I
13 can answer that right now.

14 MR. GALLUCCI: Counsel, when you
15 have a minute, if we could break. I don't want
16 to -- you know, find a logical spot for you.

17 MR. KEYES: That's fine. We can
18 take a break now.

19 THE VIDEOGRAPHER: Off the record,
20 10:22.

21 (Recess had.)

22 THE VIDEOGRAPHER: On the record,
23 10:38.

24 BY MR. KEYES:

25 Q. Mr. Allan, prior to the break you

1 had said that the Cuyahoga County Board of
2 Health has 44 different programs and services.
3 I had asked which of those programs and services
4 relate to the problem of opioids in the
5 community, and I believe you told me that,
6 number one, the Board of Health provides staff
7 to support the work of the opiate task force;
8 and, two, the Board of Health supports Circle
9 Health Services in providing clean needles,
10 correct?

11 A. Yes.

12 Q. Does the Board of Health do anything
13 beyond those two things regarding the problem of
14 opioids in the community?

15 A. Well, I know that we have a range of
16 programs that touch families, and so, to the
17 extent that there would be concerns about
18 addiction, people could be referred through
19 networks to services in the community, whether
20 it be the Alcohol, Drug Addiction and Mental
21 Health Services Board or other support programs.
22 So I'm not -- I can't speak to the specifics of
23 where -- incidents where that would occur, but
24 we refer people routinely. You know, when we're
25 out in the community doing newborn home

1 visiting, we might have a mom or there may be
2 families that have issues, and our nurses do
3 referrals as necessary, and those referrals just
4 happen as a matter of course. So we do that.

5 The work of the opiate task force
6 involves work in our injury prevention program,
7 so I would refer -- as I mentioned, Vince
8 Caraffi could speak to the specifics of how the
9 resources and dollars that we have are used to
10 not only support the work of the task force, but
11 to mitigate and address issues related to the --
12 to the problem.

13 Q. Does the Cuyahoga County Board of
14 Health have any other program or service geared
15 towards the problem of opioids in the community?

16 A. I think those are the ones that --
17 the ones I've described so far.

18 Q. You said earlier that you've talked
19 about the work of the Cuyahoga County Opiate
20 Task Force?

21 A. Um-hum.

22 Q. Where and when do you talk about the
23 work of the task force?

24 A. Well, I, on a regular basis, talk in
25 the community at meetings and usually talk about

1 -- just generally about lots of programs that we
2 offer. As I mentioned, we provide 44 different
3 programs and services. And so in my discussions
4 with communities, with community groups, at
5 different professional meetings, work that I do
6 at the national level, working with the Centers
7 for Disease Control and Prevention, I may and
8 have mentioned not only, you know, about a range
9 of programs, including the work of the opiate
10 task force and the scope of the problem in
11 Greater Cleveland and Ohio.

12 Q. When you do this speaking, do you
13 have any handouts that you distribute?

14 A. Generally I refer -- I do a lot of
15 just sharing stories because I feel that's a
16 good way to connect with people, and also the --
17 you know, I refer routinely people to the
18 website for the medical examiners because a lot
19 of the data that we work with has been generated
20 by the medical examiners -- Cuyahoga County
21 Medical Examiner.

22 Q. When you speak in the community, do
23 you distribute handouts?

24 A. I think that I've used the medical
25 examiner's slides specifically or made -- used

1 slides for the medical examiner's -- from their
2 website to show, you know, the numbers.

3 Q. Other than -- are those slides that
4 are available on the medical examiner's website?

5 A. Yes, they are.

6 Q. So you have, on occasion,
7 distributed to these community groups the slides
8 from the medical examiner's website?

9 A. I don't know if I've distributed the
10 slides. I've shown them, you know. Sometimes
11 -- I don't know. Sometimes people don't want
12 handouts. Oftentimes I just present and talk.

13 Q. Well, have you distributed any
14 handouts in any of your meetings with these
15 various community groups?

16 A. Actually, I think we did distribute
17 data from the -- at the syringe service program
18 I think when we talked to our community
19 partners. I would have distributed something
20 then. I can recall that specifically.

21 Q. Have you distributed any other
22 handouts at any of your meetings with community
23 groups?

24 A. I'm sure I have, but I, you know --

25 Q. Can you think of any at all today?

1 A. Relevant to this, I'd have to -- no,
2 I can't think of any specifically relevant to
3 this topic.

4 Q. Separate from distributing a
5 handout, have you used visuals or slides as part
6 of your presentation besides the slides from the
7 medical examiner's website?

8 MR. GALLUCCI: Object to form.

9 A. Not that I can recall.

10 Q. Do you have a standard presentation
11 that you give to these community groups?

12 A. It depends on the community. It
13 depends on what they want to hear about, what
14 the nature of the forum is that I'm talking. So
15 it will depend. I may tailor my discussion
16 based on issues that are of concern to a
17 particular community group.

18 Q. Do you have a standard script that
19 you follow?

20 MR. GALLUCCI: Object to form.

21 A. No, I don't. I do not.

22 Q. Do you have files that show the
23 presentations or the scripts or the talking
24 points that you've used in the past in speaking
25 to the community?

1 A. I know that I have the syringe
2 service program presentation. That was part of
3 the governing structure I described earlier
4 because we coordinate that, and so -- but
5 oftentimes I talk based on my experience
6 because, as I mentioned, I've been with the
7 board almost 30 years and have worked in a lot
8 of different programs and services, so I will
9 provide information and material topically, but
10 I can't provide specific examples off the top of
11 my head.

12 Q. Have you given any presentation that
13 is specific to the problem of opioids?

14 A. I did at the syringe service
15 programs. I gave a presentation. I've
16 talked -- there have been discussions -- when
17 you say "presentation," are you talking like a
18 formal sort of thing, because there's a lot of
19 dialogue where you just -- I consider
20 presentation that you're at like a meeting, you
21 know, and you're like on an agenda as a formal
22 presenter. We have lots of discussions among
23 groups, and I do that all the time.

24 Q. Well, let's divide it between formal
25 and informal.

1 Have you given any formal
2 presentations that is specific to the problem of
3 opioids in the community?

4 MR. GALLUCCI: Object to form.

5 Q. Not just including a description of
6 what the opiate task force does as part of a
7 larger presentation, but a presentation that is
8 specific to the problem of opioids in the
9 community.

10 MR. GALLUCCI: Object to form.

11 A. I don't think that specific, no.

12 Q. And have you given --

13 A. Not that I can recall.

14 Q. Have you given any informal
15 presentations that are specific to and focused
16 on the problem of opioids in the community?

17 MR. GALLUCCI: Object to form.

18 A. As I mentioned earlier, I will talk
19 about a range of public health topics when I go
20 to community groups and different places, and
21 I'll incorporate background stories in my
22 discussion with the community groups that would
23 be part of any range of a number of programs
24 that I speak of.

25 Q. So those are broader presentations

1 where you may touch on the issue of opioids?

2 A. Yes.

3 Q. But have you ever given, formal or
4 informal, a presentation that is focused on the
5 problem of opioids, that is the central,
6 principal or only topic?

7 MR. GALLUCCI: Object to form.

8 A. I think that -- I think that would
9 be the -- the syringe service program is one
10 that sticks in my head.

11 Q. Can you think of any other?

12 A. Not right now.

13 Q. Do you have a work e-mail address?

14 A. I do.

15 Q. What is it?

16 A. It's Tallan@ccb, as in boy, h.net.

17 Q. Do you have any other work e-mail
18 addresses?

19 A. No.

20 Q. Have you had any other work e-mail
21 addresses for your work with the Cuyahoga County
22 Board of Health?

23 A. No.

24 Q. This is the only work e-mail address
25 you've ever had?

1 A. Yes.

2 Q. Do you use any personal e-mail
3 address in connection with your work?

4 A. No.

5 Q. Never?

6 A. Never.

7 MR. GALLUCCI: Object to form.

8 Q. So every e-mail that you've ever
9 sent in connection with your work for the
10 Cuyahoga County Board of Health has been from
11 the Tallen@ccbh.net address?

12 A. Yes, that I can recall.

13 Q. Do you have a work-issued cell
14 phone?

15 A. I do.

16 Q. When was it first issued to you?

17 A. I've had a work-issued cell phone,
18 you know, for a long time. I can't recall.
19 I've had it for a long time.

20 Q. Can you be more specific?

21 A. No. I'd have to go back and think
22 about it. I don't remember when I first got it.
23 But, you know, obviously phone, sunset, you
24 know, and that sort of thing.

25 Q. More than five years ago?

1 A. Yes.

2 Q. More than ten years ago?

3 A. I can't recall if it was that long
4 ago.

5 Q. And do you use that cell phone,
6 then, to conduct your work?

7 A. Yes.

8 Q. What phone number is that currently?

9 A. 216-640-6003.

10 Q. Have you had other phone numbers
11 associated with your work-issued cell phone?

12 A. I've had that one for a long time.
13 I may have had another number, but it's been a
14 while. And I'm trying to remember. Yes, I had
15 to have another number, one more at least that I
16 can recall.

17 Q. What was the other number?

18 A. I don't remember.

19 Q. When did you have that other number?

20 A. I can't recall specifically when I
21 would have changed to -- I think it was a
22 carrier. I think we had like a carrier change,
23 and so the number changed, but I don't remember
24 specifically when that was.

25 Q. But that was another number for a

1 work-issued cell phone that you used for your
2 work on behalf of the Cuyahoga County Board of
3 Health?

4 A. Yes.

5 Q. Are those the only two numbers
6 you've had?

7 A. Those are the two that I can recall.

8 Q. And you use the phone to have
9 communications -- conversations with people?

10 A. Yes.

11 Q. Do you also use the text messaging
12 feature of the phone?

13 A. Yes.

14 Q. Do you use the text messaging
15 feature to conduct work on behalf of the
16 Cuyahoga County Board of Health?

17 A. Sometimes, yes.

18 Q. In what circumstances?

19 A. I don't know. When someone asks me
20 a quick question or something like that.

21 Q. Do you also use your phone to send
22 and read e-mails?

23 A. Yes.

24 Q. Do you have a work-issued laptop?

25 A. I do.

1 Q. And how long have you had that
2 laptop?

3 A. A few years.

4 Q. And before that, did you have an
5 earlier laptop that had been issued by the
6 Cuyahoga County Board of Health?

7 A. I think so. I can't recall how long
8 I've had a laptop. Several years.

9 Q. Besides cell phones and laptops,
10 have you had any other devices that were issued
11 to you by the Cuyahoga County Board of Health to
12 assist you in doing your work?

13 A. I don't think so, no.

14 Q. Prior to today have you ever
15 undertaken to review your files to identify
16 documents that may be relevant in the lawsuit?

17 A. Personally, no.

18 Q. Has someone else done it for you?

19 A. Our IT people came and collected
20 everything, our equipment.

21 Q. Who is "our IT people" when you use
22 that phrase?

23 A. Ken Uhlik, U-h-l-i-k.

24 Q. Anyone else?

25 A. No, I don't believe so.

1 Q. And is Mr. Uhlik an employee of the
2 Cuyahoga County Board of Health?

3 A. Yes.

4 Q. And what did Mr. Uhlik do?

5 A. I don't know what he does. He had
6 equipment and he collected the information. I
7 gave him my equipment and I -- he went to work.

8 Q. Do you know what criteria he used
9 for what to copy from your files?

10 A. No.

11 Q. Separate from what he did, did you
12 undertake any review of any of your electronic
13 files to find documents that may be relevant to
14 this lawsuit?

15 A. No.

16 Q. Did you undertake any review of any
17 hard copy documents that you have?

18 A. Only in my discussions with the
19 lawyers that I mentioned prior.

20 Q. What does that mean?

21 MR. GALLUCCI: You can answer to the
22 extent you are answering his question outside of
23 conversations that you had with the lawyers.

24 He's not asking for any conversation you --

25 Q. I'm not asking about your

1 conversations. What I am asking, has there ever
2 been a time when you reviewed your hard copy
3 files to see if you have documents that might be
4 relevant to this lawsuit?

5 A. No.

6 Q. Never?

7 A. Never.

8 Q. And have you at any time prior to
9 today undertaken to review departmental files or
10 Cuyahoga County Board of Health files that may
11 not be specific to you that are -- that might be
12 relevant to the issues in this lawsuit?

13 A. No.

14 Q. You mentioned earlier these daily
15 reports. If you wanted to get a copy of your
16 daily report for an earlier time period, where
17 would you go?

18 A. We'd have to talk to our IT people.

19 Q. Mr. Uhlik or someone else?

20 A. It might be Mr. Uhlik, I think, and
21 maybe, perhaps Chris Kippes, K-i-p-p-e-s.

22 Q. Have there been occasions where
23 you've had to go look at earlier daily reports?

24 A. Individual reports?

25 Q. Yes.

1 A. Not that I can recall.

2 Q. What about how your time was coded
3 for a period of time, even if it wasn't for just
4 a day?

5 A. Yes. So we provide statistical
6 reports to communities, and those are -- those
7 are aggregated, you know, in terms of
8 categories, that sort of thing.

9 Q. Aggregated across personnel?

10 A. Yeah.

11 Q. And who prepares those reports?

12 A. Chris Kippes.

13 Q. Do you know what he does to prepare
14 those reports?

15 A. Not specifically, no.

16 Q. Have there been times when you've
17 had to go back and look at your earlier time for
18 some reason?

19 A. Not that I can recall.

20 Q. So every day you will fill out the
21 daily report?

22 A. Yes.

23 Q. And how do you do that?

24 A. I -- so we have codes. I mentioned
25 earlier we have codes. And so most of us in

1 general administration -- you know, I go in and
2 out of meetings and discussions all day, and so
3 there are a number of things that may happen in
4 our environmental health service area where I am
5 doing general program administration or I'm
6 doing program development or assistance, and so
7 I will use that general code as sort of a
8 catchall because I could be in and out of lots
9 of discussions in any given day. So
10 individually in program areas people may use
11 other codes. So what I do is, at the end of the
12 day, almost daily -- at the very end of the day
13 I will enumerate that information.

14 Q. Do the reports that Chris Kippes
15 prepares --

16 A. Excuse me. Kippes.

17 Q. Kippes.

18 A. He would appreciate that.

19 Q. Have the reports that Mr. Kippes has
20 prepared and shared with communities shown time
21 spent by Cuyahoga County Board of Health
22 personnel on opioid-related issues?

23 A. I think I'd have to check with him
24 on that.

25 Q. Okay. What is the code or what are

1 the codes that relate to opioids?

2 A. I don't know. I don't use them. I
3 use general administration codes.

4 Q. Are you able to identify any code
5 that relates to opioids?

6 A. Not me, no.

7 Q. Who would know?

8 A. Vince Caraffi, April Vince, and -- I
9 would think would know.

10 Q. Has the work of the Cuyahoga County
11 Opiate Task Force made a difference in the
12 opioid problem in Cuyahoga County?

13 A. I think it's been very important.

14 Q. Why has it been very important?

15 A. I think that it's an opportunity --
16 what the Board of Health does I think -- in my
17 view I think what we do very well is we serve as
18 a good facilitation role, so we facilitate a lot
19 of collaboratives. So teen pregnancy
20 prevention. We have collaboratives around the
21 work of HIV and Ryan White. Things like bed
22 bugs, things like rabies response. We have lots
23 of community groups that meet together, and what
24 we've learned is that cross-sector interaction
25 is essential to try to combat what are

1 multi-factorial problems.

2 The work of the opiate task force,
3 it involves -- it involves the work of the
4 county, the Alcohol, Drug Addiction and Mental
5 Health Services Board, the hospital, justice
6 affairs, the U.S. Attorney's Office, the medical
7 examiners, people and families that have lost
8 people to addiction, which is very powerful,
9 very powerful to have them part of the group.

10 That helped us understand the scope
11 of the outbreak, how it has -- earlier I
12 described -- earlier I described sort of this --
13 this connection between how we had prescription
14 opiates -- and then we hear stories from
15 families and some of the data from the medical
16 examiners shows this prescription opioid
17 problem, people going into treatment, people --
18 people relapsing and then overdosing with
19 deaths, or people that no longer have access to
20 opiates.

21 We heard about these pill parties
22 from high schools and the like that were also
23 feeding into this discussion.

24 And then the idea of that transition
25 from prescription opioids to this illicit

1 heroin, fentanyl, carfentanil, that transition,
2 which then connects into the syringe service
3 program work of trying to do harm reduction to
4 mitigate the problems.

5 And those discussions take place in
6 those meetings, and stories that we've heard,
7 and also in newspapers, about the scope of the
8 problem, tragic stories.

9 And then, of course, then hearing
10 from the different systems within the county
11 around -- with adoption, and Child and Family
12 Services stories, and then stories from the jail
13 about addiction and folks in re-entry,
14 challenges that they're facing so that folks are
15 in the best foot to be able to -- you know, to
16 contribute to society when they get out of jail.
17 So all of those are really important contexts to
18 understand. And, also, then hearing from the
19 police about what's happening on the street.

20 Another piece that comes to mind in
21 you asking that is our work around the naloxone
22 distribution, which is part of the work that we
23 do at the health department. So we have
24 on-site -- we have, like, a location where the
25 Project DAWN program that distributes naloxone

1 is on-site, and so that -- we meet with families
2 that come in that may have someone who's
3 addicted that lives with them, and they
4 distribute naloxone.

5 We also were charged -- local health
6 departments are charged around the state of Ohio
7 to distribute naloxone to police departments,
8 which was a big, important development to try to
9 make sure that we had that life-saving tool
10 available everywhere. And so that's another
11 important piece of discussion that takes place
12 around naloxone distribution, naloxone saves,
13 where they're occurring.

14 So the dialogue is very rich; the
15 collaboration, I think, is essential.

16 Q. Has the work of the Cuyahoga County
17 Opiate Task Force reduced the opioid problem in
18 Cuyahoga County?

19 MR. GALLUCCI: Object to form.

20 A. I think it's a very, very -- a
21 problem with a huge number of tentacles. I
22 think that we believe our work has been
23 important to begin to help turn a corner. I
24 think the problem is still huge. I don't think
25 there's a bigger problem right now because of

1 the many tentacles and the cascade effects on
2 families that have lost people to opioid
3 addiction, and then the effect on kids, and then
4 the cascading effect within the jails. I think
5 it's -- it has many tentacles, and I believe
6 we're making a difference, but there's still a
7 lot of work to do. This isn't going to go away
8 overnight.

9 Q. You referenced "our work on naloxone
10 distribution"?

11 A. Yes.

12 Q. Who is "our"?

13 A. So, in our office, Vince Caraffi
14 would be the coordinator, and April Vince would
15 be involved with the naloxone distribution,
16 working with the Project DAWN group that
17 coordinates naloxone distribution for a lot of
18 places in the county.

19 Q. So Vince Caraffi and April Vince, as
20 employees of the Cuyahoga County Board of
21 Health, have worked with Project DAWN to
22 increase the availability of naloxone?

23 A. Yes.

24 Q. Beyond that work, has the Cuyahoga
25 County Board of Health done any work on naloxone

1 distribution?

2 A. I had mentioned the police
3 departments, that we distributed to police
4 departments.

5 Q. Who is "we"?

6 A. That would be Vince Caraffi and
7 April Vince. So they coordinate with police
8 departments that can -- because we receive -- we
9 have funds to distribute naloxone, and so they
10 come and connect with us on what they need, and
11 as long as the naloxone is available, we
12 distribute it to them based on their needs.

13 Q. So is the Cuyahoga County Board of
14 Health distributing naloxone?

15 A. Yes.

16 Q. And where does the Cuyahoga County
17 Board of Health get the naloxone?

18 A. We receive naloxone through the
19 state health department.

20 Q. And where does the Cuyahoga County
21 Board of Health distribute the naloxone that it
22 receives from the Ohio State Department of
23 Health?

24 A. We distribute the naloxone through
25 our -- we have periodically a location on-site

1 where Project DAWN will do -- they'll meet with
2 families that are -- have members who are
3 addicted, and they'll speak with the families,
4 educate them and distribute the naloxone. And
5 then we have -- work with the police departments
6 to distribute it to them as well.

7 Q. Does the Cuyahoga County Board of
8 Health get the naloxone from any other source
9 besides the Ohio State Department of Health?

10 A. Not that I'm aware of.

11 Q. When the Cuyahoga County Board of
12 Health gets the naloxone from the Ohio State
13 Department of Health, does it pay for it?

14 A. What I don't know is if we're
15 getting it shipped to us from the state or we --
16 they give us money and we buy it. I think it
17 gets shipped to us from the state, but I'd have
18 to check with Vince. I'm not involved in that
19 part of the work.

20 Q. I thought you said earlier we had
21 funds to distribute naloxone.

22 A. Yes.

23 Q. Does the Cuyahoga County Board of
24 Health spend money to purchase naloxone?

25 A. In thinking about it, I don't know

1 if we spend the money directly or it gets
2 shipped to us. But we also have staff time
3 allocated to distribute the naloxone. People
4 have to do that. So that's money. Staff time
5 is money.

6 Q. Is it accurate to say that, sitting
7 here today, you don't know whether the Cuyahoga
8 County Board of Health pays any money for the
9 naloxone that it receives from the Ohio State
10 Department of Health?

11 MR. GALLUCCI: Object to form.

12 A. Yes.

13 Q. And who would know definitively
14 whether the Cuyahoga County Board of Health pays
15 any money for naloxone?

16 A. That would be Vince Caraffi or April
17 Vince.

18 Q. And you said that the Cuyahoga
19 County Board of Health has periodically been a
20 location where people can get naloxone?

21 A. Yes.

22 Q. Are you familiar with the details of
23 that program?

24 A. No.

25 Q. Who is?

1 A. Vince Caraffi and April Vince.

2 Q. Do you know anything more about how
3 the Cuyahoga County Board of Health arranges to
4 be a location for the distribution of naloxone?

5 A. No.

6 Q. Earlier you referenced a connection
7 between the use of prescription opioids and the
8 use of illegal opioids?

9 A. Yes.

10 Q. And at another point you referenced
11 a transition from prescription opioids to
12 illicit opioids?

13 A. Yeah. I think that -- yes.

14 Q. And I'd like to understand the basis
15 for your understanding. You said stories and
16 you said data and you said what you heard about
17 pill parties?

18 A. Yes.

19 Q. Are those your sources?

20 A. Yes. And I would also add through
21 the opiate task force, where a number of those
22 discussions took place.

23 Q. Those are your four sources?

24 A. Yes.

25 Q. What have you personally heard about

1 pill parties?

2 A. That -- heard stories about high
3 school kids going into their family's medicine
4 cabinets and bringing the drugs and -- at a
5 party and they get shared.

6 Q. Where have you heard these stories?

7 A. From the task force and from my
8 staff.

9 Q. Who on your staff?

10 A. Vince Caraffi and April Vince.

11 Q. Anyone else?

12 A. No.

13 Q. And what pills are the high school
14 kids grabbing from their family medicine cabinet
15 and sharing at these parties?

16 A. I don't know.

17 Q. Have you been to a pill party?

18 MR. GALLUCCI: Objection.

19 A. No.

20 Q. Have you talked to anyone who has
21 been to a pill party?

22 A. No.

23 Q. And if you've heard about these from
24 Mr. Caraffi or Ms. Vince, what is the basis for
25 their understanding about what high school kids

1 are doing at pill parties with pills they've
2 gotten from their family medicine cabinet?

3 MR. GALLUCCI: Object to form.

4 A. I believe the discussions at, as I
5 mentioned earlier, the opioid task force; that
6 that's a place where a lot of discussion occurs
7 among community partners, and they're sharing
8 what the experiences are of the partner
9 agencies.

10 Q. As far as you know, has Mr. Caraffi
11 attended a pill party?

12 MR. GALLUCCI: Object to form.

13 A. I don't know if he has.

14 Q. How about Ms. Vince?

15 MR. GALLUCCI: Object to form.

16 A. I wouldn't know.

17 Q. As far as you know, has Mr. Caraffi
18 talked to anyone who has attended a pill party?

19 MR. GALLUCCI: Object to form.

20 A. I don't know.

21 Q. And as far as you know, has
22 Ms. Vince talked to anyone who attended a pill
23 party?

24 A. I don't know.

25 Q. So your understanding of these pill

1 parties, as you've described them, comes from
2 what you've heard from Mr. Caraffi and
3 Ms. Vince?

4 A. Yes. And as I mentioned, also, the
5 discussions that the -- I recall that it was
6 mentioned at one of the -- one of the task force
7 meetings.

8 Q. You recall pill parties being
9 discussed at one --

10 A. That I can recall, yeah.

11 Q. -- meeting?

12 Do you remember it coming up at more
13 than one meeting?

14 MR. GALLUCCI: Object to form.

15 A. I can't recall beyond that.

16 Q. And when was the meeting where you
17 remember someone describing these pill parties?

18 A. It's been a while. I don't know the
19 date specifically.

20 Q. Were there any materials distributed
21 about this pill party topic?

22 A. Not that I can recall.

23 Q. Were there any slides or visuals
24 about it?

25 A. No.

1 Q. And who was the person who mentioned
2 it at the meeting?

3 A. I don't remember.

4 MR. GALLUCCI: Object to form.

5 Q. Even if you don't remember the
6 particular individual, what was the affiliation
7 of the person who mentioned the pill parties at
8 this meeting?

9 MR. GALLUCCI: Object to form.

10 A. I don't remember.

11 Q. Do you remember any details that
12 this person described or provided about these
13 pill parties?

14 A. Nothing beyond what I've told you.

15 Q. You also mentioned hearing stories
16 about the connection between prescription
17 opioids and illegal opioids or transitioning
18 from using prescription opioids to using illegal
19 opioids, correct?

20 MR. GALLUCCI: Object to form.

21 A. Yes.

22 Q. What stories have you heard?

23 A. In discussions at the task force and
24 discussions with -- well -- and I would say you
25 could call it a story. I would also call it

1 from an expert, from Dr. Gilson, the medical
2 examiner, his experiences, from his data showing
3 some of the transition. And, also, there's been
4 lots of news and reports from -- and discussions
5 with public health partners from around the
6 state. I think that there's been -- there's
7 been a lot of discussions that have been similar
8 about the pathway that we've talked about in the
9 opiate task force with partners and other people
10 in the public health field.

11 Q. So can you identify for me any
12 particular individuals who have provided these
13 stories besides Dr. Gilson?

14 A. I also think -- they are stories,
15 but I want to say I think they're professional
16 opinions that are important. It's not like
17 reading a fictional novel. These people are
18 living the problem. And I think that's an
19 important distinction in what you're saying.
20 And so Dr. Gilson is a good example.

21 So there are general discussions
22 among public health partners around the country
23 and around Ohio that just share stories. And so
24 I don't remember the exact thing that one person
25 said or didn't say, but these are examples where

1 people will say that we're finding the same
2 thing happening here.

3 Q. So I'd like to identify any
4 individual besides Dr. Gilson who you have heard
5 talk about the transition from prescription
6 opioid use to illicit opioid use.

7 MR. GALLUCCI: Object to form.

8 Q. Can you identify any individual
9 besides Dr. Gilson?

10 A. I think I can't identify word for
11 word what someone would have said.

12 Q. I'm not asking word for word. I'm
13 asking for the names of particular people who
14 have talked about this topic.

15 A. I'm just trying to think of who
16 would have said it. It was in some public
17 health meetings. I'm trying to identify the
18 individual that would have said it specifically.
19 There's been general discussions, and so I
20 can't -- I don't want to take anybody out of
21 context. It would be inappropriate. That would
22 be my answer. I don't want to take anybody out
23 of context. It would be inappropriate.

24 Q. Even if you can't remember the names
25 of particular individuals, what were the

1 affiliations of these professionals from whom
2 you've heard something about a transition from
3 prescription opioid use to illegal opioid use?

4 MR. GALLUCCI: Object to form.

5 A. So the people in the public health
6 field, from medical examiners, people from the
7 opiate task force, and I think I mentioned, you
8 know, the opiate task force had membership from
9 the U.S. Attorney's Office, from the county
10 prosecutors, from -- and this isn't an
11 exhaustive list, by the way. This is just what
12 I can remember -- Alcohol, Drug Addiction and
13 Mental Health Services Board, the police
14 departments, the addiction service agencies,
15 those sort of things.

16 Q. So those are the kinds of --

17 A. Yes.

18 Q. -- entities or groups who are
19 participating in these conversations?

20 A. Yes.

21 Q. Okay. But I'd like to be more
22 specific. I'd like to know exactly who told you
23 about this transition concept. You mentioned
24 Dr. Gilson. I asked you who else. You said I
25 can't remember the names of anyone else. I'm

1 trying to understand, okay, can you think of
2 someone in particular, even if you don't know
3 their name but you can remember their
4 affiliation. I'm not asking about all the
5 groups that participate in all these public
6 health discussions.

7 So besides Dr. Gilson, can you
8 identify by name or description or affiliation
9 anyone you talked to about the concept of there
10 being a transition from prescription opioid use
11 to illicit opioid use?

12 MR. GALLUCCI: Object to form.

13 A. I think I've mentioned that I feel
14 like it would be not the proper context and so I
15 can't specifically say what one individual would
16 have said. It wouldn't be appropriate to take
17 them out of context because I can't recall
18 specifically what they would have said.

19 Q. And you also said that you had heard
20 about this concept from -- at Cuyahoga County
21 Opiate Task Force meetings, correct?

22 MR. GALLUCCI: Object to form.

23 A. Um-hum.

24 Q. Same thing. For all the meetings
25 you've attended, can you identify anyone by

1 name, by description or by affiliation who you
2 talked to about this concept of a transition
3 from prescription opioid use to illicit opioid
4 use?

5 MR. GALLUCCI: Object to form.

6 A. No.

7 Q. So what has Dr. Gilson said to you
8 about this concept of a transition?

9 A. Dr. Gilson has talked publicly about
10 this. He's talked at the task force. He's
11 talked in lots of places about the context.

12 Q. And what has he specifically said
13 about a connection between using prescription
14 opioids and using illicit drugs?

15 MR. GALLUCCI: Object to form.

16 A. I think I described it earlier, the
17 connection. Do you want me to repeat what I
18 said earlier?

19 Q. I'd like your best recitation of
20 your understanding of what Dr. Gilson has said
21 about the connection.

22 MR. GALLUCCI: Object to form.

23 A. As I mentioned, I think my
24 recitation reflects as an expert, and as
25 mentioned in discussions in the task force, the

1 idea that folks became addicted to opioids, that
2 there were a lot of prescription opioids
3 available, and that -- and in becoming addicted,
4 people either ran out of their opioids, their
5 prescription opioids, and then went into
6 treatment, or actually ran out and then ended up
7 seeking on the street illicit forms, like
8 heroin, fentanyl and carfentanil; or they went
9 into treatment and they had a relapse and went
10 on the street and they had overdoses, and, in
11 some cases, many cases, fatalities.

12 And so that's the connection, that
13 continuum of people running out of access to
14 prescription opioids for any number of reasons;
15 treatment, addiction, treatment, relapse, or --
16 and then the cascade of health and social
17 problems.

18 Q. So if I understand you correctly,
19 your understanding from what Dr. Gilson has
20 said --

21 A. And I mentioned also the task force
22 discussions.

23 Q. If I understand you correctly, you
24 understood -- understand Dr. Gilson to have said
25 that people have become addicted to prescription

1 opioids because lots were available. When the
2 prescription opioids ran out and they couldn't
3 get more prescription opioids, they either
4 started using illicit drugs or they went into
5 treatment, then had a relapse, and either
6 overdosed or sought out illicit drugs. Is that
7 an accurate statement of what you've heard from
8 Dr. Gilson?

9 MR. GALLUCCI: Object to form.

10 A. I think it relates back to reports
11 and information from Dr. Gilson from the -- the
12 task force discussions, and from public reports
13 about -- about -- that I feel sort of validate
14 that. It's a combination of those.

15 Q. Sir, I'm trying to take this a piece
16 at a time.

17 A. In my view -- I don't mean to
18 interrupt. I'm sorry. In my view, just -- but
19 I'd like to -- is I don't think that they can be
20 separated because I think these pieces are all
21 interrelated.

22 Q. You identified four sources. You
23 identified what you had heard about pill
24 parties, and you've told me everything you
25 remember about that, correct?

1 A. Yeah. And I mentioned with pill
2 parties that that information came from the task
3 force, it came from a number of sources. It
4 wasn't from any single source. And I would say
5 that the information I'm providing you is not
6 dissimilar to that, it's from multiple sources.

7 Q. And you also mentioned stories, and
8 I asked you for details, and you then said,
9 well, it's not just stories, it's professional
10 opinions, and you identified what Dr. Gilson had
11 said. And then I asked you whether you had
12 heard this from anyone else you could identify
13 by name, description or affiliation, and you
14 said no. Correct?

15 A. But I said there were lots of
16 different affiliations. We talked about that.
17 We talked about the members of the task force
18 and the different -- you had asked then can you
19 name them by sector essentially, and I provided
20 you a list of those sectors.

21 Q. That was people from all those
22 fields?

23 A. Yes.

24 Q. But you're not able to identify
25 someone by name or I don't remember so and so's

1 name but I remember he or she was with such and
2 such a group. The one person you remember is
3 Dr. Gilson, okay. So now I'm asking you, what
4 has Dr. Gilson said as you understand it? And
5 you described this series going from an
6 addiction to a prescription opioid, to running
7 out, not being able to get a prescription
8 opioid, and then using illicit drugs.

9 A. So the context of those discussions
10 are related to this larger picture with the --
11 with the task force. I'm trying to, you know,
12 think about this in the sense that it --
13 Dr. Gilson has a lot of data that he can present
14 based on post-mortem about what's happening and
15 when it happened on his website, as there's lots
16 of publicly available slides. And so the
17 discussion would be a range of Dr. Gilson
18 providing that information and then people
19 relating stories and experiences from their
20 fields about how that relates back to this
21 cascade that, in my view, is well understood now
22 based on public reports.

23 Q. But my questions, sir, are focused
24 on what you've heard from Dr. Gilson, not what
25 you've heard from other sources, not what you've

1 heard from other people on the task force, not
2 what you've heard from other people outside the
3 task force, just what you've heard from
4 Dr. Gilson.

5 A. Okay.

6 Q. So did I describe accurately what
7 you think you've heard from Dr. Gilson, which is
8 that people get addicted to prescription
9 opioids, then they can't get prescription
10 opioids so they start using illicit drugs, and
11 then they may have an overdose?

12 MR. GALLUCCI: Object to form.

13 A. I can't say -- what I can't say is
14 specifically, in that whole piece, which -- how
15 much of that is attributable specifically to
16 Dr. Gilson, because it's larger -- it's part of
17 a larger context of discussion.

18 Q. All right. But have you heard that
19 theory of connection from Dr. Gilson?

20 MR. GALLUCCI: Object to form.

21 A. No, not directly where he -- this is
22 part of a larger discussion, I think, where --
23 where the opiate task force and people are
24 discussing these things and people are offering,
25 you know, their experiences from -- you know,

1 from their various sectors, and I think the
2 intertwined nature of this requires that type of
3 interaction. Dr. Gilson is part of that. The
4 other sectors are part of it as well.

5 Q. Okay. And you identified a few
6 sources that are the basis for your
7 understanding. I'm focusing on Dr. Gilson. So
8 what do -- what has Dr. Gilson said to you or to
9 others that you're aware of that forms the --
10 that forms your understanding here?

11 MR. GALLUCCI: Object to form.

12 A. I can't speak to what Dr. Gilson
13 would have said to others.

14 Q. What did he say to you or in front
15 of you?

16 MR. GALLUCCI: Object to form.

17 A. I would say that he talked in -- as
18 I mentioned, in the opiate task force meetings
19 with a range of partners describing his
20 experiences in the context of their experiences,
21 and that collective discussion is where I heard
22 these things, and he was part of it.

23 Q. And what data or information is
24 Dr. Gilson relying on?

25 MR. GALLUCCI: Object to form.

1 A. Dr. Gilson has data from -- the
2 medical examiner's website is the range of data
3 that he's been using and that's the data that
4 we've been tracking.

5 Q. Have you looked at the data itself?

6 A. On Dr. Gilson's website?

7 Q. Yes.

8 A. Yes.

9 Q. And have you looked at the sources
10 of that data?

11 A. The sources of the data are from the
12 medical examiner's office, as far as I'm aware.

13 Q. And what is the data?

14 A. There's data on there that shows --
15 he collects data from -- so there are data on
16 there now around naloxone saves around the
17 community and where that's occurred, and so he
18 has those data. He has data that shows the
19 toxicology data from folks post-mortem that he
20 collects. He has data on, you know, the rates
21 of -- and numbers around fatalities. He has
22 numbers on a range of -- a range of substances
23 that he tracks and their occurrence and how
24 that's cascaded over time.

25 Q. When was the last time that you

1 looked at the medical examiner's website?

2 A. Let's see. I don't know. Maybe a
3 month ago maybe.

4 Q. And when you went to the medical
5 examiner's website a month ago or so, did you
6 look at the data that was available on the
7 website?

8 A. I looked at -- there's a section
9 that has the current, sort of, scope of the
10 problem, and so I go to that section and look it
11 up.

12 Q. And what data is on that website
13 showing a connection between the use of
14 prescription opioids and the use of illegal
15 opioids?

16 MR. GALLUCCI: Object to form.

17 A. The context is the -- there's data
18 that shows the -- all opioids and then there's
19 data that also shows them broken out by the type
20 of opioid. You know, there's like an opioid
21 complex, and then there's one that breaks out
22 individual things like -- breaks out individual
23 things like heroin or carfentanil or fentanyl.

24 Q. As drugs found in the decedent's
25 body after a fatal overdose?

1 MR. GALLUCCI: Object to form.

2 A. I think you'd have to ask Dr. Gilson
3 about that specifically.

4 Q. So is your understanding informed by
5 any specific data you've seen on the medical
6 examiner's website?

7 A. Can you repeat that again?

8 Q. Yeah.

9 You've described what you've heard.

10 A. Yeah.

11 Q. Including what you've heard from
12 Dr. Gilson.

13 A. Um-hum.

14 Q. But you can't point to anything
15 specific that Dr. Gilson has said as distinct
16 from what you've heard from others at the opiate
17 task force. I asked you what was the basis for
18 what Dr. Gilson was saying, and you said data,
19 the data is on the website.

20 A. Yeah.

21 Q. Have you looked at specific data on
22 the medical examiner's website that purports to
23 identify or prove a connection between
24 prescription opioid use and illegal opioid use?

25 MR. GALLUCCI: Object to form.

1 A. I don't know specifically if that's
2 on the site.

3 THE WITNESS: Can I get another
4 glass of water?

5 MR. KEYES: Of course.

6 Q. Can you provide any more specificity
7 about what you've heard from Dr. Gilson, not
8 from someone else but what you've heard from Dr.
9 Gilson, about the connection between
10 prescription opioid use and illegal drug use?

11 MR. GALLUCCI: Object to form.

12 A. No.

13 Q. And earlier when you talked about
14 this connection, you also said that one source
15 of your information was data, right? Remember
16 you said stories, data, what you heard about
17 pill parties, and what you heard at meetings of
18 the Cuyahoga Opiate Task Force. Do you remember
19 that?

20 A. Yeah.

21 Q. So what data are you pointing to?

22 A. Well, I think that the experiences
23 that people have from law enforcement; from not
24 only the medical examiner's office, from the
25 addiction service agencies, from the information

1 shared by hospital systems is important data
2 points. They may not be data analyzed in what
3 people might think is a traditional sense, but
4 they are points that help us to understand the
5 evolution of things.

6 Q. So you've identified some data
7 points; that is, law enforcement, medical
8 examiner's office, addiction service agencies
9 and hospital systems.

10 A. There may be more, but those are
11 just examples.

12 Q. Okay. What data have they gathered
13 that shows or purports to show a connection
14 between using prescription opioids and using
15 illegal drugs?

16 MR. GALLUCCI: Object to form.

17 A. I think you'd have to ask them.

18 Q. Okay. Can you cite any data for
19 that purported connection?

20 MR. GALLUCCI: Object to form.

21 A. No.

22 Q. So regarding the possibility of a
23 connection between prescription opioid use and
24 illegal opioid use, can you point to any data
25 that shows or purports to show a connection?

1 MR. GALLUCCI: Object to form.

2 A. Not specifically, no.

3 Q. And can you point to anyone specific
4 who has talked to you about such a connection
5 besides Dr. Gilson?

6 MR. GALLUCCI: Object to form.

7 A. I think I mentioned earlier that --
8 I did mention earlier that the opiate task force
9 participants have shared those -- shared that
10 information.

11 Q. Can you point to anyone specifically
12 besides Dr. Gilson as saying or purporting to
13 show that there's a connection between
14 prescription opioid use and illegal drug use?

15 MR. GALLUCCI: Object to form.

16 A. As I mentioned earlier, I spoke
17 about sectors and the different sectors that
18 would describe those stories.

19 Q. Can you point to anyone by name,
20 specific description or specific affiliation who
21 has said or purported to show that there's a
22 connection between prescription opioid use and
23 illegal drug use?

24 MR. GALLUCCI: Object to form.

25 A. I think, as I said earlier, that it

1 wouldn't be appropriate to -- without having the
2 exact statement of what somebody would have
3 said, to attribute it to an individual.

4 Q. So is it accurate to say that what
5 you said earlier about there being a connection
6 between prescription opioid use and illicit drug
7 use is based on what Dr. Gilson has said, what
8 other people whose names and affiliations you
9 don't remember said at meetings of the opiate
10 task force --

11 A. I think it's also been discussed in
12 the media.

13 Q. -- and what you've read in the media
14 and what you've heard about pill parties?

15 MR. GALLUCCI: Object to form.

16 A. Yeah. The other people are a range
17 of people from sectors that have been -- where
18 this work and problem has influenced them and
19 it's in their sphere. So that would be the --
20 that group would be it.

21 Q. Can you identify a specific
22 conversation you've had with any one of those
23 people in any one of those sectors about this
24 topic?

25 MR. GALLUCCI: Object to form.

1 A. Not in the specific details of the
2 discussion.

3 Q. Well, can you identify anyone from
4 any of those sectors that you've talked to about
5 the concept of there being a connection?

6 MR. GALLUCCI: Object to form.

7 A. I can't recall the specific
8 conversations.

9 Q. But I'm not asking whether you
10 recall the specific conversations. Can you
11 identify any particular person from any of those
12 sectors with whom you've talked about a possible
13 connection between prescription opioid use and
14 illegal drug use?

15 MR. GALLUCCI: Object to form.

16 A. I can't recall the specifics.

17 Q. You keep saying "specifics." I'm
18 not asking for the specifics of a conversation.
19 I'm asking you, can you identify any particular
20 person from any of those sectors with whom
21 you've spoken about the idea of a connection
22 between prescription opioid use and illegal drug
23 use?

24 MR. GALLUCCI: Object to form.

25 A. Since I can't recall the specifics

1 of the conversation, I can't state a person, no.
2 It's because I can't recall the specifics of the
3 conversation, it would be inappropriate to take
4 them out of context because I don't have the
5 specifics.

6 Q. You also mentioned news reports.
7 What news reports are you talking about?

8 A. It's all over the media.

9 Q. Can you point to any specific
10 article?

11 A. Lots of news outlets. I've seen it
12 in lots of national news outlets, national
13 papers, local papers mostly, and those are
14 reports from all over the country.

15 Q. Can you point to a specific news
16 article?

17 A. No, I can't report the name of an
18 article written on a certain date by an
19 individual and the title of the article and the
20 context. It's part of a larger complex of
21 information. No, I can't.

22 Q. Can you point to a specific reporter
23 or journalist who wrote the news reports that
24 you're thinking of?

25 MR. GALLUCCI: Object to form.

1 A. No, I can't.

2 Q. If I said to you, "Mr. Allan, can
3 you prove that there is a connection between
4 using prescription opioids and using illegal
5 drugs," can you prove it? Have you ever studied
6 that?

7 MR. GALLUCCI: Object to form.

8 A. Can I prove it? I don't think
9 that's for me to prove.

10 Q. Okay. And if I said, "To your
11 knowledge, who has proved it," who would you
12 point to --

13 MR. GALLUCCI: Object to form.

14 Q. -- by name?

15 A. I don't think that's for me to
16 determine.

17 Q. And if I said, "Mr. Allan, even if
18 you can't point to someone else who's proved it,
19 can you point to someone who thinks they've
20 proved it," can you identify anyone by name?

21 MR. GALLUCCI: Object to form.

22 A. I don't know what people think. I
23 wouldn't presume to think that I would know
24 people's rationale and their approaches and
25 their thoughts about -- specifically about

1 something like that.

2 Q. I'm not asking you to guess what
3 others think. I'm saying, can you point to
4 someone who you know thinks they've proved a
5 connection between prescription opioid use and
6 illegal drug use?

7 MR. GALLUCCI: Object to form.

8 A. I can't think of anyone right now.

9 Q. Okay. So earlier when you said that
10 there was a transition from prescription opioid
11 use to illegal drug use, have you identified
12 everything you're basing that statement on?

13 MR. GALLUCCI: Object to form.

14 A. Could you repeat, have I what?

15 Q. Earlier you said there was a
16 transition from prescription opioid use to
17 illegal drug use?

18 A. Yes.

19 Q. Have you identified everything
20 you're basing that statement on?

21 MR. GALLUCCI: Object to form.

22 A. I'm identifying everything that I
23 can recall that I would base that statement on.

24 Q. Every source of information, whether
25 it be a particular publication, a particular set

1 of data, a particular person, a particular
2 comment or presentation. Can you think of
3 anything else that informs what you said was a
4 transition from using prescription opioids to
5 using illegal drugs?

6 MR. GALLUCCI: Object to form.

7 A. Not that I can recall right now.

8 Q. And it's the same for your statement
9 earlier that there's a connection between using
10 prescription opioids and using illegal drugs?

11 MR. GALLUCCI: Object to form.

12 A. I think it would be the same, that
13 not that I can recall right now.

14 Q. And is the same true for your
15 earlier statement that there is a continuum from
16 prescription opioids to illegal drugs?

17 MR. GALLUCCI: Object to form.

18 A. Yes.

19 Q. Have you ever communicated with
20 anyone on the city council about the problem
21 with opioids?

22 A. You're talking about the City of
23 Cleveland?

24 Q. Yes, sir.

25 A. No.

1 Q. Have you spoken with anyone in the
2 county executive's office about the problem of
3 opioids in the community?

4 A. I think I have maybe once
5 mentioned -- just talked about the task force in
6 the executive's office.

7 Q. And when you say you mentioned the
8 task force, are you talking about the Cuyahoga
9 County Opiate Task Force?

10 A. Yes.

11 Q. You said you may have mentioned it
12 once. To whom?

13 A. I mentioned it in a meeting of
14 people at the county. I'm trying to think of
15 who was all there. I don't know everybody that
16 was present, but it was just that the Board of
17 Health is facilitating the task force. It was
18 in passing, not unlike the discussions that I
19 mentioned I have in communities where I talk
20 about lots of public health topics.

21 Q. What do you remember about that
22 conversation where you may have talked about the
23 problem with opioids in the community?

24 A. Only that it was -- that our role
25 was, you know, in facilitating the task force --

1 that there were -- I think I talked about the
2 sectors, but it was very general. It was very
3 brief.

4 Q. Have you had any conversations with
5 any elected official for the City of Cleveland
6 or Cuyahoga County or the State of Ohio about
7 the problem of opioids in Cleveland or Cuyahoga
8 County?

9 MR. GALLUCCI: Object to form.

10 A. I think in that particular
11 discussion, it was a range of topics. I'm
12 trying to think of who was present. I don't
13 recall if there specifically was -- beyond -- as
14 I mentioned, it was a brief conversation. I
15 can't recall specifically if there was an
16 elected official in the room when I mentioned
17 that. I'm trying to remember. I don't
18 remember.

19 Q. And separate from that instance, was
20 there any other time where you talked about the
21 problem of opioids with any elected official
22 from the City of Cleveland, from Cuyahoga
23 County, or the State of Ohio?

24 MR. GALLUCCI: Object to form.

25 A. I can't recall if there were elected

1 officials in the room when I gave my -- and I
2 mentioned earlier that I do community
3 presentations on a range of our programs. I
4 don't know if there were ever elected officials
5 present in those meetings or not, but it would
6 have been in the sense of overview of the, you
7 know, task force, but I can't recall beyond
8 that.

9 Q. Have you ever been prescribed an
10 opioid?

11 MR. GALLUCCI: Object to form.

12 A. Not that I'm aware of.

13 Q. Have you ever taken a prescription
14 opioid?

15 MR. GALLUCCI: Objection.

16 I'm going to instruct you not to
17 answer.

18 Q. Do you agree that prescription
19 opioids can serve a legitimate purpose in
20 addressing the medical condition or needs of a
21 patient?

22 MR. GALLUCCI: Object to form.

23 A. I think since I'm not in
24 pharmacology or medicine, I don't know that I
25 can make that determination.

1 Q. Is it your view that prescription
2 opioids are never appropriate for the medical
3 treatment of a patient?

4 MR. GALLUCCI: Object to form.

5 A. I don't -- as I said, I'm not in
6 medicine or pharmacology. I don't think I'm
7 qualified to make that determination.

8 Q. You are the health commissioner
9 for --

10 A. Of the Cuyahoga County Board of
11 Health.

12 Q. -- the Cuyahoga County Board of
13 Health, correct?

14 A. I am.

15 Q. And you have participated in at
16 least some meetings of the Cuyahoga County
17 Opiate Task Force?

18 A. Yes.

19 Q. And are you saying that you don't
20 have a view as to whether prescription opioids
21 can ever be appropriate for the treatment of a
22 patient?

23 MR. GALLUCCI: Object to form.

24 A. I would say prescription opioids or
25 any medication I don't think I'm in a position

1 to make a determination about because I'm not in
2 medicine or pharmacology, to make a
3 determination of what people need and when they
4 need it and how much they need. So I don't feel
5 that that's my role.

6 Q. I'm not asking about a particular
7 person or particular medical condition. I'm
8 asking, are there circumstances where a
9 prescription opioid is medically appropriate
10 treatment for a patient?

11 MR. GALLUCCI: Object to form.

12 A. I'm not -- I'm not qualified to make
13 that determination.

14 Q. Can there be instances where it is
15 appropriate to prescribe an opioid to assist a
16 patient in managing pain?

17 MR. GALLUCCI: Object to form.

18 A. I'm not qualified to make that
19 determination.

20 Q. So you can't -- you can't say one
21 way or the other whether it's -- whether there's
22 any set of circumstances where it's appropriate
23 to prescribe an opioid to assist a patient's
24 pain?

25 MR. GALLUCCI: Object to form.

1 A. I think that's hypothetical, and I'm
2 not a physician and I'm not a pharmacologist, so
3 I don't believe that I am qualified to make that
4 determination.

5 Q. So, in your view, only a physician
6 or a pharmacologist could make a determination
7 as to whether it's ever appropriate to prescribe
8 an opioid to assist a patient in managing pain?

9 MR. GALLUCCI: Object to form.

10 A. There may be other sectors, but I'm
11 just saying I'm not qualified to do that.

12 Q. What is the difference between an
13 opiate and an opioid, if you know?

14 A. I don't.

15 Q. Do you know if there is a difference
16 between an opiate and an opioid?

17 MR. GALLUCCI: Object to form.

18 A. No.

19 Q. In your experience, are the terms
20 "opiate" and "opioid" used interchangeably?

21 A. I don't know.

22 Q. Do you know how many people have
23 died from an overdose on opioids in Cuyahoga
24 County?

25 A. Only in general terms.

1 Q. What does that mean, "in general
2 terms"?

3 A. I know what I know from the medical
4 examiner's website.

5 Q. And do you have any knowledge other
6 than what you would get from that website?

7 A. That would be the source that I
8 would receive my information.

9 Q. Is that the only source?

10 A. It's the source I can recall right
11 now that I have went to before.

12 Q. Is it the same for the number of
13 deaths in the City of Cleveland?

14 A. Yes.

15 Q. Do you know the number of deaths
16 from an overdose on opioids in Summit County?

17 A. No.

18 Q. Or any other municipality in Ohio?

19 A. Not specifically, no.

20 Q. Or across the state of Ohio?

21 A. No, I don't have those numbers.

22 Q. Of the number of deaths in Cuyahoga
23 County that you would see on the medical
24 examiner's website, do you know the number of
25 decedents who used prescription opioids?

1 A. No.

2 Q. Do you know the number of decedents
3 who used illegal opioids?

4 MR. GALLUCCI: Object to form.

5 A. No.

6 Q. Do you know the number who used both
7 prescription opioids and illegal opioids?

8 MR. GALLUCCI: Object to form.

9 A. No.

10 Q. Do you know the number of overdoses
11 on opioids in Cuyahoga County?

12 A. Only to the extent that it's in the
13 thousands, many thousands.

14 Q. And would you also go to the medical
15 examiner's website for that?

16 A. Yes, sir.

17 Q. Why would you go to the medical
18 examiner's website for the number of overdoses
19 on opioids?

20 A. Because I believe there's data
21 available there, collection of data to -- that
22 may indicate information there.

23 Q. Do you know the number of overdoses
24 in Cuyahoga County resulting from an overdose on
25 an illegal opioid?

1 MR. GALLUCCI: Object to form.

2 A. No. Specifically I can't speak to
3 that.

4 Q. Do you know the number of overdoses
5 in Cuyahoga County resulting from the use of a
6 prescription opioid?

7 MR. GALLUCCI: Object to form.

8 A. No.

9 Q. Do you know the number of overdoses
10 either on a -- resulting from either the use of
11 a prescription opioid or an illegal opioid for
12 the City of Cleveland?

13 A. No.

14 MR. GALLUCCI: Object to form.

15 Q. How about for any other municipality
16 in Ohio?

17 MR. GALLUCCI: Object to form.

18 A. No.

19 Q. How about across the state of Ohio?

20 A. No.

21 MR. GALLUCCI: Object to form.

22 Q. Do you know the number of people who
23 are addicted to opioids in Cuyahoga County?

24 A. No.

25 Q. How about in the city of Cleveland?

1 A. No.

2 Q. How about another municipality in
3 Ohio?

4 A. No.

5 Q. How about across the state of Ohio?

6 A. No.

7 Q. Did you learn about opioids in your
8 coursework in getting your Master's in Public
9 Health?

10 A. No.

11 Q. Was there any discussion of opioids
12 in that coursework?

13 A. That was in 1992. No, there was
14 not.

15 Q. Have you ever done any professional
16 writing on opioids?

17 A. No.

18 Q. Have you done any professional
19 writing on drug abuse?

20 A. No.

21 Q. Have you done any professional
22 writing on drug addiction?

23 A. No.

24 Q. Have you done any professional
25 writing on drug overdoses?

1 A. No.

2 Q. Have you done any writing at all on
3 opioids?

4 MR. GALLUCCI: Object to form.

5 A. No, I don't believe so.

6 Q. Have you done any writing at all on
7 drug abuse?

8 A. No.

9 Q. Have you done any writing at all on
10 drug addiction?

11 A. No.

12 Q. Have you done any writing at all on
13 drug overdoses?

14 MR. GALLUCCI: Object to form.

15 A. I don't believe so, no.

16 Q. Have you taught any course on
17 opioids?

18 A. No.

19 Q. Or opioid use?

20 A. No.

21 Q. Have you taught any course about
22 drug abuse?

23 A. No.

24 Q. Have you taught any course about
25 drug addiction?

1 A. No.

2 Q. Have you taught any course about
3 drug overdoses?

4 A. No.

5 Q. Have you given any lecture on
6 opioids or opioid use?

7 A. I think I mentioned earlier that I
8 give lots of talks and may have mentioned it in
9 talks to students as part of a larger context,
10 not specifically like an opiate-related
11 presentation but part of a larger context of
12 things that we do.

13 Q. So you may have spoken publicly
14 about the work of the Cuyahoga County Board of
15 Health that touches on the work of the opiate
16 task force?

17 A. Yeah, to students.

18 Q. But separate from touching on the
19 work of the opiate task force, have you ever
20 given a lecture where the topic of the lecture
21 is opioids or the use of opioids?

22 A. No.

23 Q. How about drug abuse?

24 MR. GALLUCCI: Object to form.

25 A. No.

1 Q. How about drug addiction?

2 MR. GALLUCCI: Object to form.

3 A. No.

4 Q. How about drug overdoses?

5 MR. GALLUCCI: Object to form.

6 A. No.

7 Q. What is OARRS?

8 MR. GALLUCCI: Object to form.

9 A. I don't know the name of the
10 acronym, but it's a system that the state
11 uses -- I only know it in general terms. Beyond
12 what I tell, that's all I know about OARRS.
13 It's a system that the state uses to monitor
14 prescription opioids around the state. I don't
15 know any more than that about OARRS.

16 Q. When you say "the state," you mean
17 the state of Ohio?

18 A. Yes.

19 Q. And what information is in the
20 system?

21 MR. GALLUCCI: Object to form.

22 A. Beyond what I told you, as I
23 mentioned, I can't speak to it.

24 Q. Do you know what -- do you know all
25 of the data that's in the system?

1 A. No.

2 Q. Do you know any of the data that's
3 in the system?

4 A. Only beyond what I mentioned -- it's
5 prescription opioids distribution.

6 Q. Is there data -- is the data in
7 OARRS limited to opioid -- prescription opioids?

8 MR. GALLUCCI: Object to form.

9 A. I don't know.

10 Q. Is there data in OARRS about
11 prescriptions for drugs other than opioids?

12 MR. GALLUCCI: Object to form.

13 A. I don't know.

14 Q. Who has access to the data that is
15 in OARRS?

16 MR. GALLUCCI: Object to form.

17 A. I don't know the universe of
18 everybody that has access to OARRS.

19 Q. You don't know everybody who has
20 access. Do you know anybody who does have
21 access?

22 A. I believe some of our staff may, but
23 I don't know for sure. You'd have to ask them.

24 Q. Who on your staff do you think may
25 have access to OARRS?

1 A. It's possible that Vince Caraffi
2 perhaps may have access to OARRS. There may be
3 others, but I'm not aware.

4 Q. Do you know of anyone, outside of
5 the Cuyahoga County Board of Health staff, who
6 has access to the data in OARRS?

7 A. I don't know those people, no.

8 Q. Do you know how data is put into
9 OARRS?

10 A. I don't.

11 MR. GALLUCCI: Object to form.

12 Q. Do you know how any user can use
13 OARRS to monitor prescriptions for opioids?

14 A. No, I don't.

15 - - - - -

16 (Thereupon, Allan Deposition Exhibit
17 1, Resume - Terry Allan, Beginning
18 Bates Number CUYAH-01437729 - Marked
19 "Confidential," was marked for
20 purposes of identification.)

21 - - - - -

22 Q. Showing you what has been marked as
23 Allan Number 1, this is Bates numbers
24 CUYAH_14317729 through 731. Is this your resume
25 or CV?

1 A. Yes.

2 Q. When did you prepare this resume or
3 CV?

4 A. I don't know what version of this
5 this is. I periodically update it. I probably
6 have been preparing -- I've prepared one --
7 first started doing it probably -- I don't
8 know -- a long time ago, and from time to time
9 I'll update it. So I'm not sure how current
10 this is. This is -- yes, it's my CV.

11 Q. And what is your purpose of
12 preparing a resume or CV?

13 A. Sometimes for things I'm involved
14 in, groups or participating on advisory boards
15 and things like that, they'll require a CV. Or
16 on grants, working with academia, they may
17 require a CV to participate.

18 Q. Does your CV mention any work
19 relating to opioids?

20 A. No. I don't see anything mentioned
21 in there.

22 Q. Does your CV mention any work
23 relating to the problem of opioids in Cleveland
24 or Cuyahoga County?

25 A. No.

1 Q. Is the information in Allan Exhibit
2 Number 1 accurate?

3 A. It would be accurate based on the --
4 I guess the time that this was pulled or -- I
5 don't know if it's been updated anymore, but
6 it's generally probably accurate, yes.

7 Q. In other words, it may be incomplete
8 if there's been something since you prepared it?

9 A. Yes. Something could come off,
10 something could go on, because of, you know,
11 advisory group, sunsets or something.

12 Q. But is the information accurate?

13 A. Yes.

14 Q. And is there anything that you think
15 makes this resume or CV materially incomplete?

16 MR. GALLUCCI: Object to form.

17 A. Not that I can see.

18 Q. Does the Cuyahoga County Board of
19 Health prepare annual reports?

20 A. Yes.

21 Q. Does it prepare an annual report
22 every year?

23 A. Yes.

24 Q. Why?

25 A. We require -- we report back to our

1 communities, and it's a state requirement that
2 we report out to our communities annually.

3 Q. And when you say "our communities,"
4 what do you mean?

5 A. We serve -- I think I mentioned
6 early on in this discussion that we serve 58
7 communities now in Cuyahoga County, and so we
8 report out to them.

9 Q. And those are 58 townships and
10 villages within the boundaries of Cuyahoga
11 County?

12 A. As well as cities, yes.

13 Q. So it's 58 cities, townships and
14 villages within the boundaries of Cuyahoga
15 County?

16 A. Yes. And there also, of course,
17 would be data in there that would relate back to
18 programs that are regional. I think I mentioned
19 earlier we have some regional programs, so there
20 may be data that's in those reports because we
21 feature different programs from time to time in
22 the reports. So there may be data in there that
23 speaks to some of those regional programs.

24 Q. Who is responsible at the Cuyahoga
25 County Board of Health for preparing the annual

1 report?

2 A. It's usually done by a group
3 coordinated by our communications officer.

4 Q. Who is the communications officer
5 currently?

6 A. Kevin Brennan.

7 Q. For how long has Kevin Brennan had
8 that position?

9 A. Probably at least five years, I
10 guess.

11 Q. Who had that position before
12 Mr. Brennan?

13 A. We created it, so there would have
14 been nobody in that position prior.

15 Q. So before there was a communications
16 officer, who organized the group that prepared
17 the annual report?

18 A. It would have been the group of
19 directors I mentioned earlier would have come
20 together to work on the report.

21 Q. And is there an approval process?

22 A. Yes.

23 Q. What is the approval process for
24 finalizing the annual report before it's issued?

25 A. It's not like a stamp of approval

1 like that. What happens is the group puts
2 together the report, then they circulate it to
3 the individual service areas, to the directors,
4 who review it for accuracy.

5 Q. And then the director for each
6 service area has an opportunity to make
7 corrections?

8 A. Yes.

9 Q. And are those corrections
10 incorporated?

11 A. I would expect so.

12 Q. And then once the annual report has
13 been reviewed for accuracy by each service area
14 director, is the annual report submitted to the
15 board itself for approval?

16 A. Well, the board will receive the
17 annual report, but it's not like -- again, like
18 a stamp of approval. That doesn't occur.

19 Q. Does the board itself review the
20 annual report before it is finalized and issued?

21 A. Yes, generally they do.

22 Q. And so the board itself has an
23 opportunity to review the annual report for
24 accuracy?

25 A. No, they wouldn't. They would rely

1 on me to do that and our staff.

2 Q. Why would they rely on you?

3 A. Because they don't run the programs;
4 we do. That's not their role.

5 Q. What is the board's role?

6 A. The board's role is oversight, to
7 hire people, to fire people, to oversee
8 personnel actions, and to approve receipt of
9 funds and similar type things.

10 Q. Is the board involved in deciding
11 whether to accept a grant and the requirements
12 that come from a grant?

13 A. That would be a recommendation that
14 happens through the directors and through me as
15 the health commissioner, and we move the
16 resolutions forward if we were going to accept
17 different funds. And then the board would hear
18 the explanation provided by the directors, and,
19 if necessary, we would provide context, and then
20 they would vote as to whether we would accept it
21 or not.

22 Q. Do you currently report to the board
23 itself?

24 A. I do.

25 Q. Have you always reported to the

1 board as the health commissioner?

2 A. I reported to the board as health
3 commissioner since I became health commissioner
4 15 years ago, yes.

5 Q. And do any of the other staff
6 employed by the Cuyahoga County Board of Health
7 report directly to the board?

8 A. The only other person would be --
9 it's kind of in a quasi role. Our
10 administrative counsel works with me as the
11 health commissioner and our staff and also works
12 with the board, so that's the only other person
13 kind of in between, you know.

14 Q. And is it fair to say that everybody
15 else who works as an employee of the Cuyahoga
16 County Board of Health reports up to you
17 directly or indirectly?

18 A. When you say -- so they would report
19 indirectly through their service area directors
20 and then the directors would report to me, yes.

21 Q. Okay. So is it fair to say that --
22 all of the staff of the Cuyahoga County Board of
23 Health either report directly to you, or they
24 report indirectly, through their service area
25 directors, to you?

1 A. Yeah. I mean, there's a lot of
2 stuff out there that we do since there's 44
3 programs. So, you know, I can't know everything
4 that everybody does, right, because it would be
5 impossible, but -- so -- but yeah, people do
6 report up.

7 Q. I just want to make sure I have a
8 clear record. Is it accurate to say that all of
9 the employees of the Cuyahoga County Board of
10 Health report either directly to you or
11 indirectly to you through their service area
12 directors?

13 A. Yes.

14 Q. Has that always been the case since
15 you became health commissioner in 2004?

16 A. Yes, as far as I can recall.

17 MR. KEYES: This might be a good
18 stopping point for lunch.

19 MR. GALLUCCI: Okay.

20 THE VIDEOGRAPHER: Off the record,
21 12:05.

22

23 (Luncheon recess taken.)

24

25

1 THE VIDEOGRAPHER: On the record,
2 12:52.

3 - - - - -

4 (Thereupon, Allan Deposition Exhibit
5 2, Plaintiffs The County of
6 Cuyahoga, Ohio and the State of Ohio
7 Ex Rel. Prosecuting Attorney of
8 Cuyahoga County, Michael C.
9 O'Malley's Second Supplemental
10 Responses and Objections to
11 Distributor Defendants'
12 Interrogatory No. 18 Pursuant to the
13 Court's November 21, 2018 Order, was
14 marked for purposes of
15 identification.)

16 - - - - -

17 AFTERNOON SESSION

18 CONTINUED EXAMINATION OF TERRENCE M. ALLAN

19 BY MR. KEYES:

20 Q. Mr. Allan, I'm handing you what has
21 been marked as Allan Exhibit Number 2. This
22 document is titled "Plaintiffs the County of
23 Cuyahoga, Ohio and the State of Ohio Ex Rel.
24 Prosecuting Attorney of Cuyahoga County Michael
25 C. O'Malley's Second Supplemental Responses and

1 Objections to Distributor Defendants'

2 Interrogatory No. 18 Pursuant to the Court's

3 November 21st, 2018 Order."

4 Do you see that?

5 A. Yes.

6 Q. And if you would turn towards the
7 end to page 12 of this Allan Exhibit 2, do you
8 see the date is November 30th, 2018?

9 A. Yes.

10 Q. Have you seen this document before?

11 A. No.

12 Q. Would you turn to page 6? Are you
13 on page 6?

14 A. Yes.

15 Q. Do you see interrogatory number 18
16 says, "Specify each category of injury for which
17 you claim damages in the litigation and provide
18 a computation of damages for each category of
19 injury alleged"?

20 A. I'm sorry. I'm missing where you're
21 at.

22 Q. The top of the page.

23 A. Okay. You're up here (indicating)?

24 Q. Yes.

25 A. I was looking down here

1 (indicating). Okay. Sure.

2 Q. Interrogatory number 18 says,
3 "Specify each category of injury for which you
4 claim damages in the litigation and provide a
5 computation of damages for each category of
6 injury alleged."

7 A. Okay.

8 Q. Do you see that?

9 A. Yes.

10 Q. And do you see that the response
11 starts on page 6 and carries over to page 7?

12 A. Okay.

13 Q. If you would turn your attention to
14 the bottom of page 7 --

15 A. Okay.

16 Q. -- there's a paragraph that begins,
17 "Plaintiff's computation."

18 Do you see that?

19 A. Yes.

20 Q. It says, "Plaintiff's computation,
21 based on Plaintiff's preliminary review of its
22 records, and is an estimate as of Plaintiff's
23 damages as of the date of this response, is
24 provided in Exhibit 2. In addition to the
25 damages identified in Exhibit 2, Plaintiff also

1 seeks the following." And then the first bullet
2 point says, "Past and ongoing lost tax revenue
3 in the amount of approximately 850 million
4 dollars."

5 Do you see that?

6 A. Yes.

7 Q. Do you know how the 850 million
8 dollars of claimed lost tax revenue was arrived
9 at?

10 A. No.

11 Q. Do you know how much of that 850
12 million is past lost tax revenue?

13 A. No.

14 Q. Do you know how much of that 850
15 million dollars is ongoing lost tax revenue?

16 A. No.

17 Q. Do you know what type of tax revenue
18 is included in this figure?

19 A. No.

20 Q. Would you turn to the last page of
21 this exhibit, other than the verification?

22 A. Okay. This one here (indicating)?

23 Q. Yes. Do you see the chart?

24 A. Okay.

25 Q. This is the Exhibit 2 that was

1 referenced in the answer I just read.

2 A. Okay.

3 Q. Have you seen this chart before?

4 A. No.

5 Q. Do you know how any of these figures
6 were calculated?

7 A. No.

8 Q. Do you know what types of costs are
9 included in any of the line items for any of the
10 divisions for any of the years?

11 A. I do not.

12 Q. Do you know how ongoing
13 department-related costs was derived?

14 A. No.

15 Q. Would you turn to page 7? I read
16 part of page 7.

17 MR. GALLUCCI: Counsel, there's two
18 page 7s.

19 A. The front one. Is there one in the
20 back?

21 MR. GALLUCCI: You also have -- I
22 believe it's probably Exhibit --

23 MR. KEYES: Fair enough. There's a
24 page 7 of Exhibit 1 within the document.

25 Q. So going from the beginning --

1 A. Okay.

2 Q. -- if you're back on page 7, this is
3 the continuation of the response.

4 A. It's like this one (indicating)?

5 Q. It's the continuation of the
6 response to interrogatory number 18.

7 A. Okay.

8 Q. And if you turn to the next page, it
9 continues on page 8.

10 A. Okay.

11 Q. And continues on page 9.

12 A. Um-hum.

13 Q. Okay. So page 9. And then at the
14 bottom of page 9 it says, "Additionally,
15 Plaintiff identifies the following persons with
16 knowledge of such damages." And there's a list
17 of people on pages 10 and 11.

18 Do you see that list?

19 A. Yes.

20 Q. And do you see that you are the last
21 name listed?

22 A. Yes. On page 11, yeah.

23 Q. So you are listed as having
24 knowledge of the damages described in this
25 interrogatory number 18. What knowledge do you

1 have about Cuyahoga County's damages in this
2 case?

3 MR. GALLUCCI: Object to form.

4 A. Nothing related to anything in this
5 document that I can speak to.

6 Q. Do you -- would you read to yourself
7 the listing of bullet points on pages 7, 8 and
8 9?

9 A. Do you want just starting at the
10 bottom of page 7?

11 Q. Yes. It says, "Plaintiff also seeks
12 the following," and then there's a series of
13 bullet points on page 7, page 8 and page 9.

14 A. Okay.

15 Q. And then after you've read that,
16 tell me if you have knowledge of any damages in
17 any of those categories.

18 MR. GALLUCCI: Object to form.

19 Q. Do you have knowledge of Cuyahoga
20 County's damages in any of those categories?

21 A. No.

22 MR. GALLUCCI: Object to form.

23 Q. Are you able to quantify or measure
24 Cuyahoga County's damages in any of those
25 categories that are listed on those pages?

1 A. No.

2 Q. Are you able to identify the type of
3 expense or cost as opposed to measure it?

4 MR. GALLUCCI: Object to form.

5 Q. Again, for anything listed on pages
6 7, 8 and 9.

7 A. I personally cannot.

8 - - - - -

9 (Thereupon, Allan Deposition Exhibit
10 3, Plaintiffs the County of
11 Cuyahoga, Ohio and the State of Ohio
12 Ex Rel. Prosecuting Attorney of
13 Cuyahoga County, Michael C.
14 O'Malley's Second Amended Responses
15 and Objections to Manufacturer
16 Defendants' First Set of
17 Interrogatories, was marked for
18 purposes of identification.)

19 - - - - -

20 Q. Showing you what has been marked as
21 Allan Exhibit Number 2 --

22 MR. GALLUCCI: It should be 3.

23 Q. I'm sorry. 3. I'm showing you
24 what's been marked as Allan Exhibit Number 3.
25 This is titled "Plaintiffs the County of

1 Cuyahoga, Ohio and the State of Ohio Ex Rel.
2 Prosecuting Attorney of Cuyahoga County, Michael
3 C. O'Malley's Second Amended Responses and
4 Objections to Manufacturer Defendants' First Set
5 of Interrogatories."

6 Do you see that?

7 A. Yes.

8 Q. If you would turn to the last page,
9 you'll see this document is dated August 17th,
10 2018.

11 A. Yes.

12 Q. Please turn your attention to page
13 15 of Allen Exhibit 3. Are you on page 15?

14 A. Yes.

15 Q. Do you see interrogatory number 4 at
16 the top of the page?

17 A. Um-hum.

18 Q. It says, "Describe each cost,
19 expenditure, damage, loss or harm for which
20 Plaintiffs seek equitable or monetary relief,
21 including any penalty or fine from each
22 Defendant." And then do you see the response to
23 interrogatory number 4 starts on page 15 and
24 continues through page 18?

25 A. Yes.

1 Q. Staying on page 18, one of the
2 categories is the second bullet point at the top
3 of page 18.

4 A. Yes.

5 Q. It says, "Cuyahoga County Board of
6 Health educational programs and treatment
7 programs."

8 Do you see that?

9 A. Yes.

10 Q. What educational programs are
11 included in this bullet point, if you know?

12 A. I don't know.

13 Q. What treatment programs are included
14 in this bullet point, if you know?

15 A. I don't know.

16 Q. Do you know what programs are
17 included in this bullet point?

18 A. No.

19 Q. Do you know what programs run by the
20 Cuyahoga County Board of Health are being
21 included in the damages claimed by Cuyahoga
22 County?

23 A. I do not.

24 - - - - -

25 (Thereupon, Allan Deposition Exhibit

1 4, Cuyahoga County Board of Health
2 2010 Annual Report, was marked for
3 purposes of identification.)

4 - - - - -

5 Q. Showing you what has been marked as
6 Allan Exhibit 4, what is Allan Exhibit 4?

7 A. It says it's the Cuyahoga County
8 Board of Health's 2010 annual report.

9 Q. And we printed this color copy of
10 the Cuyahoga County Board of Health 2010 annual
11 report from the website. Would you page through
12 quickly and tell me if this looks to be, in
13 fact, the 2010 annual report?

14 A. I haven't seen the report in
15 probably eight years, but it appears to be the
16 report.

17 Q. Can you turn to the second page of
18 this Allan Exhibit 4?

19 A. Okay.

20 Q. It has a photograph of the members
21 of the board?

22 A. Yes.

23 Q. And it shows six people, the five
24 members plus you. Are you considered to be a
25 member of the board?

1 A. I'm the secretary -- considered to
2 be secretary of the board.

3 Q. Does the board ever vote on issues?

4 A. On resolutions to accept funds.
5 They vote on personnel actions. They vote on
6 new ordinances and things that may relate to
7 programmatic activity. Those are the types of
8 things they vote on.

9 Q. And who prepares the resolutions
10 that the board votes on?

11 A. Usually the resolutions will come
12 from the individual service areas I mentioned,
13 environmental health and prevention and wellness
14 and epidemiology, surveillance, informatics.
15 Those service areas will generate resolutions,
16 and they'll come to administration, where
17 they're collated and reviewed, and we then
18 prepare them for the board.

19 Q. You mentioned individual service
20 areas?

21 A. Yes.

22 Q. How many different individual
23 service areas does the Cuyahoga County Board of
24 Health have now?

25 A. Four now.

1 Q. What are they?

2 A. Administration, prevention and
3 wellness, environmental health, and
4 epidemiology, surveillance and informatics.

5 Q. And what is the bailiwick of
6 administration?

7 MR. GALLUCCI: Object to form.

8 A. Administration handles --
9 administration handles grants, handles human
10 resources, performance management, any fiscal
11 grants or otherwise, and also legal.

12 Q. What is the area of responsibility
13 for epidemiology, surveillance and informatics?

14 MR. GALLUCCI: Object to form.

15 A. I know we discussed these earlier.
16 I will give you examples of the programs from
17 each of them if that's appropriate. I don't
18 know that I'll be exhaustive of all 44, and I
19 may miss some, but I'll do my best.

20 Q. Well, I don't need a comprehensive
21 list of the programs, but what is the unifying
22 element that puts programs or services within
23 the epidemiology, surveillance and informatics
24 service area?

25 MR. GALLUCCI: Object to form.

1 A. Usually they are involved in working
2 in data, they do emergency preparedness work,
3 and they look at databases internally and do
4 some types of data analysis in certain
5 instances.

6 Q. Has the epidemiology, surveillance
7 and informatics service area gathered any data
8 regarding opioid use?

9 MR. GALLUCCI: Object to form.

10 A. I believe that the only thing I'm
11 aware of, because most of the data was crunched
12 through the medical examiner's office, as I
13 mentioned earlier, that epidemiology,
14 surveillance and informatics may get alerts from
15 the state about where there have been like --
16 there have been overdoses that have occurred at
17 rates other than what they might expect, and so
18 they may -- epidemiology, surveillance and
19 informatics staff get those alerts and are then
20 looking to see if are there clusters, like are
21 they all in one zip code or one neighborhood, to
22 see if there are clusters that may require some
23 intervention with law enforcement or something.
24 That's happened on a few occasions. But they do
25 not, to my knowledge, crunch a lot of data

1 because the data is being -- because in this
2 case a lot of the data is being generated
3 through the medical examiner's office.

4 Q. When the Cuyahoga County Board of
5 Health receives these alerts from the state
6 about where overdoses are occurring, what does
7 that epidemiology, surveillance and informatics
8 service area do with those reports?

9 A. We call them ESI, if that's easier,
10 but ESI would get a report from the state, and
11 they are able to look into EpiCenter, which is a
12 database that they can look for -- look to see
13 if there's any clustering around those reports.

14 Q. Does the Cuyahoga County Board of
15 Health maintain EpiCenter?

16 A. I think we have access to EpiCenter
17 through the state health department. It's
18 not -- I think it's not our physical site.

19 Q. Who maintains EpiCenter?

20 MR. GALLUCCI: Object to form.

21 A. The Ohio Department of Health.

22 Q. Does ESI do anything with the alerts
23 that it receives from the state about where
24 overdoses are occurring?

25 MR. GALLUCCI: Object to form.

1 A. They -- as I mentioned, they will
2 look at the data to see if there's any
3 clustering in some discrete manner to identify
4 whether there are clusters of overdoses where
5 there may need to be intervention from law
6 enforcement or others about specific areas of
7 risk.

8 Q. Separate from these alerts, does the
9 ESI service area maintain any data regarding
10 opioid use?

11 A. Not to my knowledge.

12 Q. How about opioid abuse or misuse?

13 MR. GALLUCCI: Object to form.

14 A. Not to my knowledge.

15 Q. How about opioid addiction?

16 MR. GALLUCCI: Object to form.

17 A. Not to my knowledge.

18 Q. How about opioid overdoses?

19 A. Not to my knowledge.

20 Q. How about the problem of opioids in
21 the community?

22 MR. GALLUCCI: Object to form.

23 A. Not to my knowledge.

24 Q. What is the area of responsibility
25 for the prevention and wellness service area?

1 A. So they have a broad range of
2 vaccine-preventible services, home visiting
3 programs, chronic disease prevention programs,
4 things along those lines. That's sort of a
5 broad view.

6 Q. And what is the area of
7 responsibility of the environmental health
8 service area?

9 A. Environmental health is involved --
10 that's where the opiate task force resides, and
11 other environmental type programs, including
12 control of vector-borne diseases, water, food
13 protection, those types of programs.

14 Q. Why is the Cuyahoga County Opiate
15 Task Force housed in the environmental health
16 service area rather than the prevention and
17 wellness service area?

18 A. I'm trying to recall why that would
19 have -- when that would have occurred, the
20 decision on that. I think at the time, as I
21 recall, they were based on staff that were doing
22 injury prevention work. Vince Caraffi was doing
23 injury prevention work in the community, and
24 this fit in the injury prevention realm, and he
25 had an interest to be involved in the work.

1 That's my only recollection of how that -- how
2 that process occurred.

3 Q. If you were starting a task force
4 today, given the area of responsibility for the
5 environmental health service area and the area
6 of responsibility for the prevention and
7 wellness service area, where would you put the
8 Cuyahoga County Opiate Task Force?

9 MR. GALLUCCI: Object to form.

10 A. I think I'd have to think about that
11 a while based on the scope of where things are
12 right now in the community and think of -- I
13 would think there may be a foot in several
14 service areas going forward. I don't know that
15 I would -- I would assign it, you know,
16 specifically, or we would -- I would put it more
17 as a management team decision. We might -- we'd
18 have to reflect on that and see if we might need
19 to, rather than centralize, decentralize it. We
20 have programs, like lead poisoning, for
21 instance, that are not centralized necessarily.
22 So I'd have to think about it.

23 Q. What is the purpose of the annual
24 report?

25 MR. GALLUCCI: Object to form.

1 A. You asked earlier. The purpose of
2 the annual report is to make sure that we're
3 providing information to our -- our communities,
4 the general public, because these are all online
5 on our website, so they know the -- usually it's
6 a snapshot of our current activities, referring
7 people back to the website for more information,
8 understanding the finances and the types of
9 things that we do.

10 Q. You earlier described the group of
11 service directors who would work together to
12 prepare the annual report. Are they the ones
13 who decide what to include in the annual report,
14 what topics to address?

15 A. So there is a -- there was a period
16 of time, I think going back five years -- maybe
17 it's a little longer. I mentioned we had a -- I
18 can't remember the exact date when he was hired,
19 when Kevin Brennan became our communications
20 officer. He began to coordinate a group, and
21 the idea has been, even then and before, to
22 feature different things in the report, because
23 since we have 44 programs, we can't have a page
24 for each program. So we would -- one year
25 versus another year we could feature different

1 programs because we can't include all of them in
2 a report.

3 Q. Is the idea of the annual report to
4 provide information about the issues of greatest
5 significance over the past year?

6 MR. GALLUCCI: Object to form.

7 A. I think the view of the annual
8 report or the purpose of the annual report is to
9 provide -- as I mentioned, feature different
10 programs and also refer -- it may include, but
11 certainly won't be exhaustive, because
12 there's -- there's any number of things that we
13 can describe that may be of significance, and
14 so, you know, it would never be exhaustive, but
15 it does include sort of a selection of programs.

16 Q. Please turn to page 9 of Allan
17 Exhibit 4. Are you on page 9?

18 A. Yes, sir.

19 Q. The title of page 9 is
20 "Unintentional Prescription Drug Poisonings and
21 unused Medications."

22 Do you see that?

23 A. Yes.

24 Q. It says, "According to the Ohio
25 Department of Health, recent statistics show an

1 alarming trend in Ohio, an increase in
2 prescription drug abuse and overdose."

3 Do you see that?

4 A. Yes.

5 Q. Where did the Cuyahoga County Board
6 of Health staff find these statistics about an
7 alarming trend in Ohio involving prescription
8 drug abuse and overdose?

9 MR. GALLUCCI: Object to form.

10 A. I don't know where -- I didn't
11 develop this page so I can't say specifically
12 where they got the source.

13 Q. And two sentences later it says,
14 "This campaign" -- or it says, "A new education
15 and awareness campaign was recently launched by
16 the Ohio Department of Health to address this
17 trend. This campaign, Prescription for
18 Prevention: Stop the Epidemic, includes the
19 development of public service announcements,
20 fact sheets, and brochures for communities and
21 agencies to utilize in addressing the problem."

22 Do you see that?

23 A. Yes.

24 Q. Did Cuyahoga County Board of Health
25 participate in that campaign called

1 "Prescription for Prevention: Stop the
2 Epidemic"?

3 A. I don't recall to what degree we did
4 participate or did not. I don't remember.

5 And what year is this?

6 Q. 2010.

7 A. 2010. I can't recall.

8 Q. Did you personally participate in
9 the campaign sponsored by the Ohio Department of
10 Health called "Prescription for Prevention:
11 Stop the Epidemic"?

12 A. No, not personally.

13 Q. If you go to the next paragraph, it
14 says, "Cuyahoga County is one of the top five
15 counties in Ohio for reported prescription drug
16 overdoses."

17 Do you see that?

18 A. Yes.

19 Q. And was that your experience as
20 health commissioner at the time?

21 MR. GALLUCCI: Object to form.

22 A. I don't recall personally whether
23 that was where we stood in 2010, eight years
24 ago. I don't personally recall.

25 Q. And then the next sentence says, "In

1 order to increase efforts to combat this growing
2 public health problem, the Cuyahoga County
3 Prescription for Prevention Coalition was formed
4 in June 2010."

5 Did you participate in the formation
6 of the Cuyahoga County Prescription for
7 Prevention Coalition?

8 A. No.

9 Q. Who did from the Cuyahoga County
10 Board of Health?

11 MR. GALLUCCI: Object to form.

12 A. I don't know specifically.

13 Q. Do you have a general sense of who
14 from the Cuyahoga County Board of Health
15 participated in the formation of the Cuyahoga
16 County Prescription for Prevention Coalition?

17 MR. GALLUCCI: Object to form.

18 A. No. I don't know if anyone did at
19 this stage or not. I don't know either way.

20 Q. Would you look at the next sentence?

21 A. Okay.

22 Q. The next sentence says, "The
23 Cuyahoga County Board of Health is an active
24 member of this coalition, along with numerous
25 other collaborative partners."

1 Do you see that language?

2 A. I do, yeah.

3 Q. Was the Cuyahoga County Board of
4 Health an active member of the Cuyahoga County
5 Prescription for Prevention Coalition in 2010?

6 A. Well, based on this sentence, I
7 would presume then that Vince was a member.

8 Q. Do you know, sitting here today,
9 which personnel from the Cuyahoga County Board
10 of Health participated in that coalition?

11 A. No.

12 Q. Who would know?

13 A. Vince Caraffi.

14 Q. Did the Cuyahoga County Prescription
15 for Prevention Coalition later become known as
16 the Cuyahoga County Opiate Task Force?

17 A. I don't know if that's what the
18 transition was.

19 Q. This reports that Cuyahoga County is
20 one of the top five counties in Ohio in 2010 for
21 reported prescription drug overdoses. Where did
22 that statistic come from?

23 MR. GALLUCCI: Object to form.

24 A. I don't know. I didn't create this
25 page.

1 Q. Do you have any basis for
2 disagreeing with or disputing that statistic;
3 namely, that Cuyahoga County in 2010 was one of
4 the top five counties in Ohio for reported
5 prescription drug overdoses?

6 MR. GALLUCCI: Object to form.

7 A. I don't have a basis for making a
8 determination either way based on where I sit
9 here today.

10 Q. What, if anything, did you do to get
11 involved with the Cuyahoga County Prescription
12 for Prevention Coalition at any time?

13 MR. GALLUCCI: Object to form.

14 A. I don't recall specifically at that
15 time having a role in 2010. I don't recall that
16 I had a role then.

17 Q. You don't recall having a role in
18 2010, correct?

19 A. Yes. As I mentioned in previous
20 testimony, I would from time to time attend the
21 task force meetings.

22 Q. What role did you have in the
23 Cuyahoga County Prescription for Prevention
24 Coalition after June of 2010?

25 MR. GALLUCCI: Object to form.

1 A. All I can recall is that I would
2 from time to time go into the meetings and --
3 into the task force meetings, and I'm not sure
4 of when the name changed, presuming that's --
5 the name change occurred from the one listed. I
6 would go from time to time into the meetings,
7 but don't recall my level of participation, if
8 any, at that -- at this time, back in 2010.

9 Q. Was prescription drug abuse and
10 overdose a public health problem for Cleveland,
11 the City of Cleveland, in 2010?

12 MR. GALLUCCI: Object to form.

13 A. I think there was awareness that
14 there was a problem.

15 Q. And was prescription drug abuse and
16 overdose a public health problem in Cuyahoga
17 County in 2010?

18 MR. GALLUCCI: Object to form.

19 A. I think there was awareness as well,
20 like Cleveland, that there was a problem.

21 Q. Awareness that it was a public
22 health problem?

23 MR. GALLUCCI: Object to form.

24 A. Yes.

25 Q. So you have explained there was an

1 awareness. Was there awareness in 2010 that
2 prescription drug abuse and overdose was a
3 public health problem in Cuyahoga County?

4 MR. GALLUCCI: Object to form.

5 A. The report details that it was an
6 issue, but I can't speak to the scope of it, as
7 I mentioned earlier.

8 Q. I'm not asking about the scope of
9 it. Was there awareness in 2010 that
10 prescription drug abuse and overdose was a
11 public health problem in Cuyahoga County?

12 MR. GALLUCCI: Object to form.

13 A. Yes.

14 Q. In 2010 did Cuyahoga County have
15 other public health problems?

16 MR. GALLUCCI: Object to form.

17 A. Yes.

18 Q. What were they?

19 A. Well, we had longstanding issues
20 around -- in the community around -- issues
21 around inequity in health outcomes related to
22 things like chronic disease, like obesity,
23 asthma, heart disease, that have been
24 longstanding. We were responding, as noted on
25 page 11.

There was some activity that occurred during this time frame, within, sort of, several years, issues around H1N1 influenza, which was the novel flu that we were involved in around prevention.

We also saw -- as noted, we started to see activity coming from southern Ohio around bed bugs.

Some of those are listed there.

There are probably others that we were involved in at the time that are not in the report because we couldn't cover everything obviously. But those are the types of problems that we deal with. Also, trying to increase childhood vaccines to prevent child vaccine-preventible disease. And lead poisoning has been a longstanding problem. Those are some of the problems but not certainly all of them.

Q. And so you were giving me a list of the other public health problems that Cuyahoga County was facing in 2010?

A. Some of them, yes.

(Thereupon, Allan Deposition Exhibit
5, Cuyahoga County Board of Health

1 2012 Annual Report, was marked for
2 purposes of identification.)

3 - - - - -

4 Q. Showing you what has been marked as
5 Allan Exhibit 5, this is the Cuyahoga County
6 Board of Health annual report for 2012.

7 A. Okay.

8 Q. This was also printed from the Board
9 of Health website. Actually, I stand corrected.
10 Yes, it was.

11 Would you turn to page 5, or 4, I
12 guess, at the top of the page?

13 A. You're talking about the numbers
14 down here (indicating)?

15 Q. Yes. The top is page 4. The bottom
16 is page 5.

17 A. Okay.

18 Q. And this says the annual message.
19 Do you see the annual message?

20 A. Yes.

21 Q. Who prepares the annual message
22 portion of the annual report?

23 A. Usually feedback from our -- me and
24 some of our directors usually.

25 Q. In the second paragraph of the

1 annual message it says, "The sluggish economic
2 recovery from the Great Recession continued to
3 present fiscal challenges as the demand
4 increased for safety net services and other
5 programs that support the children and families
6 of Cuyahoga County."

7 What is the reference to the Great
8 Recession?

9 A. That was just the -- excuse me, the
10 economic downturn that happened several years
11 earlier that had an impact on local -- local
12 availability of tax dollars and other resources
13 that affected public and private institutions
14 and communities, and that had a net effect and
15 caused a lot of challenges with public health as
16 well.

17 Q. Did the Great Recession have a
18 positive or a negative impact on availability of
19 tax dollars?

20 MR. GALLUCCI: Object to form.

21 A. Negative.

22 Q. How so?

23 MR. GALLUCCI: Object to form.

24 A. There was less money to go around to
25 provide services.

1 Q. And did the Great Recession cause
2 the tax revenues to decrease during that period?

3 MR. GALLUCCI: Object to form.

4 A. The Great Recession meant that there
5 would not be as many resources, in a general
6 sense, available, and also meant then that we
7 might not be able to do as much as we'd like to
8 do because we didn't have the funds to do it.

9 Q. Did the Great Recession have a
10 negative impact on the income tax dollars that
11 were available?

12 MR. GALLUCCI: Object to form.

13 A. For us, we receive per capita
14 dollars from communities through property tax,
15 as I mentioned earlier, and so I think the
16 impact would be that if we needed additional
17 resources, we knew that our communities at that
18 particular time didn't have a lot of resources
19 and so we had to make decisions about requesting
20 additional resources because we knew that
21 communities were strapped. So it affected our
22 ability to maybe gain resources that we needed
23 for programs.

24 Q. So the Great Recession reduced the
25 availability of tax dollars?

1 A. Yes.

2 MR. GALLUCCI: Object to form.

3 Q. Including tax dollars that came from
4 property taxes?

5 A. Which is our primary source of --
6 that is the source where we get tax money.

7 Q. And is that because property values
8 went down during the Great Recession?

9 MR. GALLUCCI: Object to form.

10 A. I can't speak to that specifically.
11 What I know is the -- that our ability to
12 request funds that we needed, perhaps additional
13 funds for purposes, would have been hampered
14 because the cities were -- cities were in tough
15 financial positions for many years after the
16 recession.

17 Q. In the next paragraph you referenced
18 "major public health issues like diabetes,
19 asthma, and obesity."

20 Do you see that?

21 A. Yes.

22 Q. And it says, "While opening the door
23 to more targeted and effective community
24 interventions that move the needle on these
25 epidemics."

1 Do you see that?

2 A. Yes.

3 Q. Was diabetes an epidemic in Cuyahoga
4 County in 2012?

5 A. Well, I think that diabetes --
6 chronic disease, the complex of the diabetes,
7 asthma, obesity have been longstanding problems
8 for many decades in the United States, and in
9 Cuyahoga County, in Cleveland, and in Ohio.

10 Q. Was diabetes a --

11 A. Just one of -- 75 percent of all of
12 our healthcare expenditures are to treat chronic
13 disease, and that has been that way for quite
14 some time.

15 Q. So this describes diabetes as being
16 a major public health issue, correct?

17 A. Yes.

18 Q. It also describes it as an epidemic,
19 correct?

20 A. Yeah. I think in this context
21 epidemic could be used as sort of a general term
22 and less of a technical, specific term. They're
23 problems.

24 Q. It says, "Major public health issues
25 like diabetes, asthma and obesity, while opening

1 the door to more targeted and effective
2 community interventions that move the needle on
3 these epidemics."

4 Did I read it correctly?

5 MR. GALLUCCI: Object to form.

6 A. Yes.

7 Q. And "these" is reflecting back on
8 diabetes, asthma and obesity, correct?

9 MR. GALLUCCI: Object to form.

10 A. Yes.

11 Q. And so when it says "these
12 epidemics," it's talking about the diabetes
13 epidemic, correct?

14 MR. GALLUCCI: Object to form.

15 A. What I'm saying, I'm not disagreeing
16 with you on that point. My point is that
17 epidemics can be used in the context of problems
18 as sort of community problems. That's all I'm
19 saying. To me it's an interchangeable word and
20 can be used when describing in public narrative
21 documents it's a public program. That was my
22 only point.

23 Q. Okay. Do I understand you correctly
24 to say that the reference to epidemic means
25 public health problem?

1 A. It can mean -- to an epidemiologist
2 it means something different than it would mean
3 to someone on the street, so we -- it can be
4 used, I think, in different contexts.

5 Q. But you're saying epidemic and
6 public health problem can be used
7 interchangeably?

8 MR. GALLUCCI: Object to form.

9 A. I would say they have been used --
10 they have been used in different contexts
11 interchangeably.

12 Q. In this context, where the Cuyahoga
13 County Board of Health is issuing its annual
14 message to its funders in the community, when it
15 was referring to "these epidemics," it is
16 referring to diabetes, asthma and obesity,
17 correct?

18 MR. GALLUCCI: Object to form.

19 A. Yes.

20 Q. So it is -- it is describing
21 diabetes as an epidemic, correct?

22 MR. GALLUCCI: Object to form.

23 A. As an epidemic or a public health
24 problem, yes.

25 Q. In 2012, correct?

1 A. Yes. And as I mentioned, diabetes
2 and asthma and obesity have been problems,
3 longstanding problems, you know, in Cuyahoga
4 County, Ohio, and the country. They still are.

5 Q. Have they been longstanding
6 epidemics, public health epidemics?

7 MR. GALLUCCI: Object to form.

8 A. Yes.

9 - - - - -

10 (Thereupon, Allan Deposition Exhibit
11 6, Cuyahoga County Board of Health
12 2015 Annual Report, was marked for
13 purposes of identification.)

14 - - - - -

15 Q. Showing you what has been marked as
16 Allan Exhibit Number 6, this is the 2015 annual
17 report for the Cuyahoga County Board of Health,
18 correct?

19 A. Yes.

20 Q. Would you turn to page 2 of this
21 annual report? Are you there?

22 A. Yes.

23 Q. This is the message from the board
24 to community partners for the 2015 annual
25 report, correct?

1 A. Um-hum.

2 Q. Would you look at the last bullet
3 point, which is on the top right of the page?
4 Do you see that?

5 A. That "work with community partners
6 to address public health problems like infant
7 mortality and child lead poisoning," that one?

8 Q. Yes. Do you see that bullet point?

9 A. Yes.

10 Q. It references the infant mortality
11 public health problem. Do you see that? Yes?

12 A. Yes.

13 Q. Is infant mortality also an epidemic
14 in Cuyahoga County?

15 MR. GALLUCCI: Object to form.

16 A. As I stated here, it's listed as a
17 public health problem. I think this kind of,
18 actually, from my standpoint reinforces the idea
19 of epidemic and public health problem being used
20 in different contexts for different purposes.

21 Q. So was infant mortality a -- an
22 epidemic in 2015?

23 MR. GALLUCCI: Object to form.

24 A. I would say that infant mortality is
25 a longstanding problem, on the order of 150

1 babies died. The big problem is longstanding
2 racial disparity. African-American infants die
3 at much higher rates and have for a long time.
4 Infant mortality is a big problem. The
5 disparity is an even bigger problem.

6 Q. Earlier we saw in the 2012 report
7 the description of diabetes, asthma and obesity
8 as epidemics, right?

9 A. Yeah.

10 Q. Is infant mortality an epidemic?

11 MR. GALLUCCI: Object to form.

12 A. I think I just described the answer.
13 I just answered that question, didn't I?

14 Q. No. You said it was a public health
15 problem and this letter says it's a public
16 health problem. I'm trying to understand why
17 the Board of Health describes some problems as
18 problems and some problems as epidemics. And so
19 since the Board of Health described diabetes,
20 asthma and obesity as an epidemic, I'm trying to
21 understand, using that term of "epidemic," does
22 infant -- was infant mortality an epidemic?

23 MR. GALLUCCI: Object to form.

24 A. I think -- and I think at least I
25 felt like I did, maybe I didn't, but I felt like

1 I explained that, for me, that terms can be used
2 -- sometimes you refer to it as a problem or an
3 epidemic and sometimes it's really the scope
4 that may have a determination as to whether it
5 is or not, but it can be used in a general, sort
6 of, John Q/Joan Q public sense of the word
7 "epidemic" or "problem," and sometimes
8 interchangeably. So it's a public health
9 problem.

10 Q. And does it -- did it count as an
11 epidemic in 2015?

12 MR. GALLUCCI: Object to form.

13 A. I don't know that it's like -- that
14 doesn't, sort of, compute for me in -- like we
15 don't count, well, you have something in a
16 public health problem bucket and something in an
17 epidemic bucket. We don't distinguish that way.

18 Q. You don't distinguish between a
19 public health problem and a public health
20 epidemic?

21 A. We don't -- we don't have, you know,
22 review groups that say, okay, this is in the
23 problem bucket and this is in the epidemic. We
24 don't look at it that way.

25 Q. If it's called an epidemic, is it a

1 public health problem?

2 MR. GALLUCCI: Object to form.

3 A. Yeah. Yes, it is.

4 Q. If it's a public health problem, is
5 it an epidemic?

6 MR. GALLUCCI: Object to form.

7 A. Maybe.

8 Q. So tell me when --

9 A. This is me. You know, these are
10 words from, you know, a few years back.

11 Q. Well, they're words from the
12 Cuyahoga County Board of Health annual reports,
13 and you're the health commissioner for the
14 Cuyahoga County Board of Health.

15 A. I'm aware of that.

16 Q. So I'm trying to understand why the
17 Cuyahoga County Board of Health described
18 diabetes, asthma and obesity as epidemics but
19 then described infant mortality and childhood
20 lead poisoning as problems.

21 MR. GALLUCCI: Object to form.

22 A. And I described to you that words
23 like "epidemic" and "problem" can be used in
24 different -- can be used -- sometimes people use
25 them in a general sense for the public and -- as

1 a problem, and in the eyes of the public, my
2 view is that they would see the words and not
3 really see a difference. That's all I'm saying.
4 And I've repeated that several times, I think.

5 Q. Right. But then you said that
6 public health problems -- an epidemic is a
7 public health problem?

8 MR. GALLUCCI: Object to form.

9 A. Yes.

10 Q. Are you saying that a public health
11 problem is an epidemic?

12 MR. GALLUCCI: Object to form.

13 A. I would say not necessarily.

14 Q. How about infant mortality in 2015?

15 MR. GALLUCCI: Object to form.

16 A. You asked me that already. You
17 asked me if infant mortality was an epidemic,
18 and I told you -- if you look back at the
19 record, I told you that it was -- in my view, it
20 was a public health problem.

21 Q. Not an epidemic?

22 MR. GALLUCCI: Object to form.

23 A. Yes. That's the way I would
24 characterize it.

25 Q. And childhood lead poisoning was a

1 public health problem in 2015?

2 MR. GALLUCCI: Object to form.

3 A. Yes.

4 Q. But not an epidemic?

5 MR. GALLUCCI: Object to form.

6 A. I'd have to think about that.

7 Q. Why would you have to think about
8 it?

9 A. Because I would have to think about
10 scope and then I'd have to look at statewide
11 data. I'd have to look at our historical trends
12 to see where the trend line was going. I'd have
13 to really think about it. I feel like my words
14 are being mixed -- that's what I feel like --
15 inappropriately. That's how I feel.

16 Q. I'm not trying to mix your words.
17 I'm trying to make sense of the words that the
18 Cuyahoga County Board of Health has used,
19 because it describes some problems as problems,
20 it describes some problems as epidemics, and I'm
21 trying to figure out what criteria or standards
22 does the Board of Health use in its
23 communications to the entire community in
24 deciding whether to call something a public
25 health problem or an epidemic. Can you explain

1 that?

2 MR. GALLUCCI: Objection. Form.

3 He's answered it several times.

4 THE WITNESS: Can I get a glass of
5 water?

6 MR. GALLUCCI: Yes.

7 MR. KEYES: Sure.

8 THE WITNESS: I have a cold.

9 MR. KEYES: Of course.

10 Q. Mr. Allan, it's fine to say, "I
11 don't know" if you don't know, but I'm asking
12 you questions as the health commissioner
13 throughout this time frame, trying to understand
14 why the Board of Health uses the word "epidemic"
15 to describe three problems, diabetes, asthma and
16 obesity, but then did not use -- and you appear
17 reluctant to use the word "epidemic" for the
18 public health problems of infant mortality and
19 childhood lead poisoning. What's the
20 difference?

21 MR. GALLUCCI: Object to form. He's
22 answered several times.

23 A. So what does that mean I'm supposed
24 to do?

25 Q. You can answer.

1 MR. GALLUCCI: You can answer,
2 again, for close to the tenth time.

3 A. Okay. As I said, I think that the
4 terms in writing to the general public can be
5 used -- sometimes you might use epidemic, you
6 might say public health problem, and I don't
7 think there's -- what I'm telling you is I don't
8 think there's magic on how those words are used
9 to describe in narrative to the general public.
10 That's what I'm saying, that we don't sit in a
11 room and say, well, let's use this term with
12 general public in this general context and this
13 one in another. We're trying to make the report
14 understandable as best we can. That's all I'm
15 saying.

16 Q. Would you go back to Allan Exhibit
17 5, which is the 2012 annual report?

18 A. Okay.

19 Q. And would you turn to page 18? Are
20 you on page 18?

21 A. Yes, sir. Excuse me. That means
22 the top of page 19, right? Is that what page 18
23 means?

24 Q. It does, yes. And there should be a
25 page 18 right up there.

1 A. I see it now. Thank you.

2 Q. Sure.

3 Page 18 is titled "Opiate Abuse
4 Epidemic," correct?

5 A. Yes.

6 Q. So this is describing the opiate
7 abuse problem in Cuyahoga County as an epidemic,
8 right?

9 A. Okay.

10 Q. Yes?

11 A. Now, this would -- I mean, I think
12 this follows my point earlier, is -- yes, that's
13 what it says.

14 Q. That's what it says, so this annual
15 report says that Cuyahoga County is facing a
16 diabetes epidemic, an asthma epidemic, an
17 obesity epidemic and an opiate abuse epidemic,
18 right?

19 A. Where do you read that? Let me see
20 here. I have to read it.

21 Q. I showed you the language earlier.
22 You can look at it again on page 4.

23 A. I thought you were talking about
24 this paragraph.

25 Q. It says, "Opiate Abuse Epidemic" at

1 the top.

2 A. It does, yeah.

3 Q. So --

4 A. So --

5 Q. -- combining both what we discussed
6 on page 4 of this report and what you're now
7 seeing on page 18 of this report, I'm just
8 saying, do you agree that this annual report is
9 talking about a diabetes epidemic, an asthma
10 epidemic, an obesity epidemic and an opiate
11 abuse epidemic?

12 A. What I'm saying is I would put this
13 in the same -- what I'm saying is I would put
14 this in the same context as the word with public
15 health problem, is that you could put this in
16 with infant mortality and lead poisoning and
17 that the terms were being used in the general
18 lay sense. That's all I'm saying. An epidemic,
19 public health problem. I'm missing -- I must be
20 missing something.

21 Q. Would you look at the lower half of
22 that page, which is page 19?

23 A. Okay.

24 Q. And do you see next to the photo it
25 says, "CCBH is proud to have come together with

1 numerous community partners to raise public
2 awareness, promote community action and
3 implement educational programs about the dangers
4 and devastating effects of prescription opioid
5 abuse"?

6 Do you see that?

7 A. Yes.

8 Q. "Examples of our involvement
9 include," and "our" is a reference to Cuyahoga
10 County Board of Health?

11 A. Yes.

12 Q. One of the examples is the charter
13 member of the Cuyahoga County Prescription for
14 Prevention Coalition. Do you see that?

15 A. Yes.

16 Q. Are you able to tell me what the
17 Cuyahoga County Board of Health did as a charter
18 member of the Cuyahoga County Prescription for
19 Prevention Coalition?

20 A. Not specifically, no.

21 Q. It says that the Board of Health was
22 a "Partner in Operation Medicine Cabinet, a
23 biannual event which allows residents to safely
24 dispose of unwanted and expired medications."

25 Do you see that?

1 A. Yes, I do.

2 Q. What did the Board of Health do as a
3 partner in Operation Medicine Cabinet?

4 A. That I recall, we helped -- there
5 were cities -- and I think the state law
6 enforcement level in some cities that were
7 coming together, and they would collect --
8 they'd have places where people had, like, their
9 prescriptions that were not finished, you know,
10 in their medicine cabinets or whatever -- they
11 could bring them -- they didn't want people,
12 obviously, flushing stuff down the toilet
13 because it would go to the lake and that's the
14 water supply, obviously. So they would come
15 together and do collections like they do for
16 household hazardous waste, that sort of thing.

17 Q. What did the Board of Health do as a
18 partner in Operation Medicine Cabinet?

19 A. We would have probably helped to
20 promote it, I presume.

21 Q. You said "would have" and you say
22 "presume." Do you know what the Board of Health
23 did?

24 A. No. I can say that I just -- I'm
25 going to presume that that was what our role is.

1 I can't speak to it exactly.

2 Q. This says that the Board of Health
3 was an "advocate for the formation of a
4 countywide death review committee that would
5 compile, present and interpret data related to
6 accidental and intentional overdose deaths."

7 What did the Board of Health do to
8 advocate for that?

9 A. So we had been for 20 years -- we
10 had been the -- over 20 years probably we had a
11 child fatality review committee working with the
12 medical examiner's office to look at child
13 fatalities between birth and 18 years, and so
14 given that experience, it would have helped to
15 inform the idea of poison death review in the
16 same vein.

17 MR. GALLUCCI: Not to interrupt,
18 people are texting -- I guess on the phone they
19 cannot hear, and I think the videographer is
20 aware of it.

21 THE VIDEOGRAPHER: Off the record at
22 1:46.

23 (Recess had.)

24 THE VIDEOGRAPHER: On the record,
25 1:59.

1 BY MR. KEYES:

2 Q. Mr. Allan, prior to the break --

3 MR. GALLUCCI: Andy, if I can, real
4 quickly, we did just take a break with regards
5 to two things.

6 One is we took a break because we
7 lost the telephone feed, and as I understand it,
8 the policy at Tucker Ellis is that the
9 videographer is not allowed to dial in, so we
10 did have to wait for IT to come back and redial
11 us in so we could reconnect.

12 Secondly, we were originally set
13 up today with adjacent conference rooms, and we
14 were meeting talking with our client out in the
15 hallway just because you can hear between the
16 rooms, so going forward we need to make sure we
17 don't have adjacent conference rooms just so
18 that voices can't be heard between the two
19 rooms.

20 Thank you.

21 Q. Mr. Allan, prior to the break we
22 were reviewing Allan Exhibit Number 5 and we
23 were on page 19. Do you have page 19 in front
24 of you?

25 A. Yes. As I recall, we were talking

1 about the poison death review committee when we
2 broke last.

3 Q. Yes. This says that the Cuyahoga
4 County Board of Health was an advocate for the
5 formation of a countywide poison death review
6 committee. Was such a review committee
7 established?

8 MR. GALLUCCI: Object to form.

9 A. I don't know that it was formally
10 established. I don't know that it was.

11 Q. Was a poison death review committee
12 ever convened?

13 MR. GALLUCCI: Object to form.

14 A. I don't know that it was ever
15 convened.

16 Q. Does it seem odd to you that the
17 Cuyahoga County Board of Health would be
18 advertising in its annual report that it was
19 involved in advocating for the formation of a
20 countywide poison death review committee if such
21 a committee had never been created or convened?

22 MR. GALLUCCI: Object to form.

23 A. No.

24 Q. No?

25 A. No. We advocate for lots of things.

1 Q. This document also says that the
2 Board of Health was an organizer of the opiate
3 epidemic across the Life Span Regional
4 Conference in 2012. What was the Board of
5 Health's role in organizing that opiate epidemic
6 conference?

7 A. I don't know specifically. That
8 would be a question for Vince Caraffi, who would
9 have likely been the person involved with
10 organizing it.

11 Q. Where was that conference held?

12 A. I do not know.

13 Q. What time of year was it held?

14 A. I do not know.

15 Q. Did you attend it?

16 A. I don't believe I did.

17 Q. Did anyone from the Cuyahoga County
18 Board of Health present at that conference?

19 A. I don't know.

20 Q. Are you able to tell me anything
21 about what the Board of Health did as an
22 organizer of this opiate epidemic regional
23 conference in 2012?

24 A. No.

25 Q. This also says that the Cuyahoga

1 County Board of Health is a "respected community
2 educator in the areas of opiate abuse and proper
3 disposal of prescription medications," correct?

4 A. Yes, that's what it says.

5 Q. What community education did the
6 Cuyahoga County Board of Health do in the area
7 of opiate abuse?

8 MR. GALLUCCI: Object to form.

9 A. I can't speak to specifically what
10 that piece was relative to opioid abuse. I can
11 speak myself to the prescription medication
12 disposal piece. I would refer that to Vince
13 Caraffi or April Vince at our agency to answer
14 that. Actually, back then I'm not sure whether
15 April was in that role. So I don't know.

16 Q. So you would refer us to Mr. Caraffi
17 to understand what role the Cuyahoga County
18 Board of Health had in community education in
19 the area of opiate abuse?

20 A. Specifically, yes.

21 Q. And if I asked you that question
22 generally, are you able generally to tell me
23 what the Board of Health's role was in community
24 education in the area of opiate abuse?

25 MR. GALLUCCI: Object to form.

1 A. I don't really want to speculate
2 about what that means. I would defer to Vince
3 Caraffi, who was intimately involved.

4 - - - - -

5 (Thereupon, Allan Deposition Exhibit
6 7, Cuyahoga County Board of Health
7 Annual Report 2016, was marked for
8 purposes of identification.)

9 - - - - -

10 Q. Showing you what has been marked as
11 Allan Exhibit 7, this is a copy of the Cuyahoga
12 County Board of Health annual report for 2016.

13 Do you see that?

14 A. Yes.

15 Q. Were you involved in the preparation
16 of this annual report?

17 A. As I mentioned earlier, we have a
18 team coordinated through our communications
19 officer that would propose topics and then
20 develop some context for the topics, and then
21 the leadership team would review and be involved
22 in the message from the board, and then the --
23 it looks like in this one I specifically signed
24 on on this one, and then the topics would come
25 forward, be drafted, and then there would be an

1 opportunity to review it before it went to the
2 public.

3 Q. Would you turn to page 16 of this
4 2016 annual report?

5 A. Um-hum.

6 Q. Are you there?

7 A. Yes.

8 Q. The first line of this section,
9 which is titled "Naloxone and Law Enforcement,"
10 says, "The heroin epidemic continues to grow."

11 Do you see that?

12 A. Yes.

13 Q. The heroin epidemic was growing in
14 2016?

15 MR. GALLUCCI: Object to form.

16 A. There was heroin. Clearly heroin
17 was a -- was an issue certainly then.

18 Q. And it had been an issue for many,
19 many years prior to 2016, right?

20 MR. GALLUCCI: Object to form.

21 A. I can't speak to that.

22 Q. Sitting here today, do you know when
23 the heroin epidemic began?

24 MR. GALLUCCI: Object to form.

25 A. I do not.

1 Q. Do you know what years were the
2 worst years of the heroin epidemic?

3 MR. GALLUCCI: Object to form.

4 A. It's still going on, but I can't
5 speak to what the worst years were right here.

6 Q. Has the heroin epidemic gotten
7 better or worse since 2016?

8 MR. GALLUCCI: Object to form.

9 A. I think what we've seen is more the
10 different types of opiates, illicit opiates.
11 We've seen -- you know, we saw carfentanil and
12 fentanyl. It describes that cascade that I
13 described earlier with prescription opiates and
14 movement to illicit forms.

15 Q. Did you say you think what we've
16 seen is more different types of illicit opiates?

17 A. Yes. In recent -- this is like
18 right now, you know, in this last couple years.

19 Q. What is an illicit opiate?

20 MR. GALLUCCI: Object to form.

21 A. It's not a -- it's -- I would
22 classify -- I guess it would be something like
23 street accesses.

24 Q. An illegal drug?

25 MR. GALLUCCI: Object to form.

1 A. Well, it wouldn't be -- I guess
2 fentanyl is not -- I don't think fentanyl is
3 illegal. I think in the form it was in was
4 illegal, but -- so it is -- so I guess it is
5 illegal in that form.

6 Q. Turn to page 17 of Allan Exhibit 6.
7 Are you there?

8 A. Yes.

9 Q. And there's a discussion of Project
10 DAWN. Do you see that?

11 A. Um-hum.

12 Q. And in the middle of the page it
13 lists the Project DAWN partners?

14 A. Um-hum. Yes.

15 Q. What was the role of the Alcohol,
16 Drug Addiction and Mental Health Services Board
17 in Project DAWN?

18 MR. GALLUCCI: Object to form.

19 A. I can't speak to that specifically,
20 but -- they might have been a partner in the
21 process, but I can't speak to that specifically.
22 You'd have to ask them.

23 Q. This lists them as a partner,
24 correct?

25 A. It does here.

1 Q. Do you know what qualified them as a
2 partner?

3 A. I do not.

4 Q. This lists Cuyahoga County
5 administration as a Project DAWN partner. What
6 did the Cuyahoga County administration do in
7 Project DAWN?

8 A. I can't speak to their specific
9 role.

10 Q. This lists MetroHealth as a Project
11 DAWN partner. What was MetroHealth's role or
12 what did it do in connection with Project DAWN?

13 A. I think Metro -- I believe Metro --
14 my recollection is that Metro was kind of a
15 coordinator for Project DAWN; still serves in
16 that role.

17 Q. This also lists the Ohio Department
18 of Health as a Project DAWN partner. What did
19 the Ohio Department of Health do with Project
20 DAWN?

21 MR. GALLUCCI: Object to form.

22 A. I believe the Ohio Department of
23 Health made -- made available Project DAWN kits
24 to -- to communities.

25 Q. In this section, "Naloxone and Law

1 Enforcement," is there any reference to abuse or
2 overdoses from prescription opioids?

3 MR. GALLUCCI: Object to form.

4 A. It speaks about drug overdoses, and
5 I think in the first sentence it talks about
6 heroin, and then it says, "continues to grow,"
7 and then it says, "and emergency calls about
8 drug overdoses," which have reference to
9 prescription opioids.

10 Q. Where are you?

11 A. The first -- on page 16, the first
12 line.

13 Q. The first line says, "The heroin
14 epidemic continues to grow" --

15 A. "And" --

16 Q. -- "and emergency calls about drug
17 overdoses are, unfortunately, becoming more
18 common"?

19 A. Yes. And so I'm saying that that
20 could refer back to my point I made early on
21 about this continuum of prescription drug --
22 prescription opiates and then the movement to
23 illicit forms over time. But I don't think one
24 exists separate from the other. These things
25 are intertwined.

1 Q. Does this say "prescription opioid"
2 anywhere on this page?

3 A. It says, "drug overdoses." I don't
4 see "prescription opioid" on this page, no.

5 Q. How about on page 17?

6 A. I do not see the words "prescription
7 opioid" on page 17.

8 - - - - -

9 (Thereupon, Allan Deposition Exhibit
10 8, Cuyahoga County Board of Health
11 Annual Report 2017, was marked for
12 purposes of identification.)

13 - - - - -

14 Q. Showing you what has been marked as
15 Allan Exhibit 8, this is the Cuyahoga County
16 Board of Health annual report for 2017, correct?

17 A. Yes.

18 Q. Does this reference prescription
19 opioids anywhere?

20 A. I don't know. I have -- need some
21 time to read it.

22 MR. GALLUCCI: Take as much time as
23 you need to review the document.

24 THE WITNESS: Okay.

25 Q. Well, while you're looking, tell me

1 if it mentions prescription opioids, illicit
2 opioids or drug abuse.

3 A. Okay.

4 No. I don't see them mentioned in
5 here.

6 Q. Who made the decision that the issue
7 of opioids in the community was not worthy of a
8 mention in the 2017 annual report for the
9 Cuyahoga County Board of Health?

10 MR. GALLUCCI: Object to form.

11 A. As I mentioned previously, the idea
12 is to feature different aspects of what we do in
13 our annual report, so one year a program could
14 be in, the next year it might not be in. We try
15 to feature the range of 44 programs that we have
16 so that the community can get a sense of the
17 different things that we do, and staff like to
18 see their different types of work featured in
19 the report. And so that is part of the
20 decision-making process in how these reports are
21 put together.

22 Q. But that's a decision on what topics
23 to feature, correct?

24 A. Yes.

25 Q. What explains not mentioning opioids

1 or a problem with opioids anywhere in the 2017
2 annual report?

3 MR. GALLUCCI: Object to form.

4 A. I think in my view I answered that
5 by saying that the decision would have been to
6 feature some different programs that had not
7 been featured perhaps previously.

8 Q. Does the Cuyahoga County Board of
9 Health have a website?

10 A. Yes, we do.

11 Q. What is the website address?

12 A. Www.ccb -- as in boy -- h.net.

13 Q. And what is your role in deciding
14 what is put on the Cuyahoga County Board of
15 Health website?

16 A. We have -- there's sort of like a
17 web team of people that make sure that all the
18 service area -- the service area programs are on
19 the site, and so -- and then the program
20 managers make a decision and the people in the
21 individual programs make decisions on the
22 content for what's on the site.

23 Q. Are you a member of that web team?

24 A. No.

25 Q. Who is on that web team?

1 A. I don't know exactly everybody.
2 People from our IT department and our
3 communications officer. But I don't know, like,
4 exactly everybody that's on the web team.

5 Q. Is the purpose of the website to
6 communicate information?

7 A. Yes.

8 Q. To whom?

9 A. To the public.

10 Q. Is the purpose to communicate
11 accurate information to the public?

12 A. To the degree possible, we provide
13 accurate information.

14 Q. And what steps are taken by the
15 Cuyahoga County Board of Health to ensure that
16 the information that it is communicating on the
17 website is accurate?

18 A. It's going to be reviewed by the
19 people in the individual programs for content.

20 Q. And so would you expect that -- each
21 program manager to have vetted and confirmed the
22 accuracy of information relating to his or her
23 program?

24 A. I would expect that they would.

25 Q. Does the Cuyahoga County Board of

1 Health have a part of the website that addresses
2 the Cuyahoga County Opiate Task Force?

3 A. I don't know.

4 Q. Has the Cuyahoga County Board of
5 Health ever had a portion of the website that
6 addresses the Cuyahoga County Opiate Task Force?

7 MR. GALLUCCI: Object to the form.

8 A. I would defer that question to -- I
9 would say my communications officer would have
10 to answer that. I can't answer that.

11 Q. Have you personally studied the
12 contributing factors that led to the problem
13 with opioids in Cuyahoga County?

14 A. Personally studied, no.

15 Q. Have you gathered any information
16 about the contributing factors that led to a
17 problem with opioids in Cuyahoga County?

18 MR. GALLUCCI: Object to form.

19 A. Personally, no.

20 Q. Has anyone from the Cuyahoga County
21 Board of Health studied the contributing factors
22 that led to the problem with opioids in Cuyahoga
23 County?

24 MR. GALLUCCI: Object to form.

25 A. I know that our participants on the

1 opioid task force have been involved. I believe
2 they've been involved in discussions around
3 contributing factors.

4 Q. What have the participants in the
5 opiate task force done to look into the
6 contributing factors that led to the problem
7 with opioids?

8 MR. GALLUCCI: Object to form.

9 A. I can't speak to the specifics of
10 what they've done.

11 Q. What have they done generally?

12 A. They discuss it. As I've mentioned
13 earlier, they have discussions about the scope
14 of the problem and some of the details and
15 community concerns.

16 Q. What work has the Cuyahoga County
17 Opiate Task Force done to identify and
18 understand the contributing factors that led to
19 the problem with opioids?

20 MR. GALLUCCI: Object to form.

21 A. They've provided a forum for
22 dialogue.

23 Q. And has that dialogue yielded
24 information?

25 A. The dialogue helps people to make

1 determinations on how to better do their work.

2 - - - - -

3 (Thereupon, Allan Deposition Exhibit
4 9, Cuyahoga County Board of Health
5 Website Printout, was marked for
6 purposes of identification.)

7 - - - - -

8 Q. Showing you what has been marked as
9 Allan Exhibit Number 9 -- do you have Allan
10 Exhibit Number 9 in front of you?

11 A. I do.

12 Q. Do you see that this is a printout
13 from the Cuyahoga County Board of Health
14 website?

15 A. Yes.

16 Q. From the section that is titled
17 "Opiates"?

18 A. Yes.

19 Q. And which program manager or
20 managers is responsible for ensuring the
21 accuracy of the information in this part of the
22 website?

23 MR. GALLUCCI: Object to form.

24 A. It would be Vince Caraffi as a
25 supervisor and April Vince as a program manager,

1 and they would be -- we are in the midst of the
2 process of updates for the whole website, but
3 they would be responsible in part of that
4 process.

5 Q. What is the reason for updating the
6 whole website?

7 A. We have -- so we migrated to a
8 different platform a while back, so now we have
9 a new carrier over the last couple years, and so
10 in the process of migrating to a new carrier, we
11 wanted to have a process that's being
12 coordinated by our communications officer to
13 update all the program material. And so that's
14 a process. There's a lot of material. And
15 material then -- not only working with our web
16 team, but our contractor needs to then go in and
17 be revised and updated, and that takes time.
18 It's going to take probably a few years to get
19 through all the pages.

20 Q. Do you expect that if information is
21 on this website describing -- or relating to
22 opioids, that the information is accurate?

23 A. I expect the information on the
24 website is as up to date as we're able to keep
25 it based on the range of responsibilities and

1 working with our contractor.

2 Q. And do you expect the information
3 that's on this website relating to opioids to be
4 founded in fact or evidence?

5 MR. GALLUCCI: Object to form.

6 A. I think the information on there is
7 to the best of our knowledge at the time, and
8 I'm not sure -- it says here that this was
9 pulled --

10 Q. Yesterday.

11 A. It says "12-16-18" at the bottom.
12 That's not -- I'm sorry. It is yesterday. I
13 apologize.

14 Yeah. So I don't know, again,
15 whether they've gotten to the update on this
16 page or not.

17 Q. But separate from doing an update
18 because of a move from one website host to
19 another, do you expect the information that's
20 put on the Cuyahoga County Board of Health
21 website regarding opiates to be founded in fact
22 and evidence?

23 MR. GALLUCCI: Object to form.

24 A. I would expect the information on
25 the website for all our programs to be as

1 accurate as we are able to know at that time.

2 Q. But I asked you about accuracy
3 before and you said yes, to the degree possible.
4 I'm not asking about accuracy now. I'm asking
5 about, do you expect it to have a foundation in
6 fact or evidence?

7 MR. GALLUCCI: Object to form.

8 A. I would expect that it would be the
9 best information that we have.

10 Q. Would you turn to -- if you page
11 through, I think it's page 6.

12 A. Okay.

13 MR. GALLUCCI: What's at the top of
14 it?

15 MR. KEYES: The first two words are
16 "Grade fentanyl."

17 Q. Are you on that page?

18 A. Yes.

19 Q. There's a section that's titled
20 "Contributing Factors."

21 Do you see that section?

22 A. Yes.

23 Q. It says, "There are several
24 contributing factors that led to this epidemic."

25 Do you see that?

1 A. Yes.

2 Q. Is this one of those sections that
3 you would expect to be accurate to the degree
4 possible?

5 A. I think all the information, not
6 specifically this section -- I think across the
7 website we do the best we can to keep it
8 updated.

9 Q. And this is also information that
10 you would expect to have a foundation in fact
11 and evidence to the extent possible, correct?

12 MR. GALLUCCI: Object to form.

13 A. I would go back to my original
14 statement. The whole website -- it isn't
15 specific to any individual section. As a whole,
16 we do the best we can to be as accurate as
17 possible and update it as frequently as we can,
18 but I know that that's still a process, as I
19 mentioned, we're in the middle of doing.

20 Q. And this section titled
21 "Contributing Factors" is not subject to any
22 special set of rules, correct? It's not exempt
23 from your general expectation that the
24 information on the website will be accurate and
25 grounded in fact and evidence, correct?

1 MR. GALLUCCI: Object to form.

2 A. I would say that, as I mentioned
3 earlier, that this -- I can't speak to where in
4 our process of updating that I described
5 earlier -- we're going through all our updates.
6 I don't know where this page is and this content
7 is in that order of action for revision.

8 Q. But that's not my question. My
9 question was about the website. You said yes,
10 to the degree possible, it should be accurate.

11 A. Um-hum.

12 Q. Is that a yes?

13 A. Yes.

14 Q. And you also said that, to the
15 degree possible, the statements on the website
16 should be grounded in fact and evidence, right?

17 MR. GALLUCCI: Object to form.

18 A. You said that.

19 Q. Did you agree with me?

20 MR. GALLUCCI: Object to form.

21 He's given several answers not
22 agreeing with you.

23 Q. So the statements on the website
24 don't need to be grounded in fact or evidence?

25 MR. GALLUCCI: Object to form.

1 He's given you the same answer
2 several times. This is the fifth time now we're
3 going over it.

4 Q. Does the website need to be grounded
5 in fact and evidence?

6 MR. GALLUCCI: Object to form.

7 A. We have been -- we do the best we
8 can to provide as accurate information as we
9 can. We have gone through, as I said, a change
10 of web providers, and we have 44 programs, so
11 we've got to update those, we've got to move
12 methodically through a process to get those
13 updates. And that's a process. We do the best
14 we can to be accurate to the degree possible.

15 Q. Does this -- does the section of the
16 website on opiates have any special rules or is
17 it also bound by your expectation that it be as
18 accurate to the degree possible?

19 MR. GALLUCCI: Object to form.

20 A. It is -- part of the rest of the
21 programs would have the same -- would be the
22 same for everybody to do the best they could to
23 provide as accurate information as they could.

24 Q. Then under this section titled
25 "Contributing Factors," it says, "There are

1 several contributing factors that led to this
2 epidemic." The first one is "Changes made to
3 clinic pain management guidelines during the
4 late 1990s."

5 Do you see that?

6 A. Yes.

7 Q. What do you know about changes made
8 to clinic pain management guidelines during the
9 late 1990s?

10 A. I can't speak to that personally.

11 Q. How were changes made to clinic pain
12 management guidelines during the late 1990s a
13 contributing factor?

14 MR. GALLUCCI: Object to form.

15 A. I don't know specifically about
16 that.

17 Q. What do you know about marketing
18 medications directly to the consumer?

19 A. I can't speak to that either.

20 Q. How was marketing medications
21 directly to the consumer a contributing factor
22 that led to the opioid problem?

23 MR. GALLUCCI: Object to form.

24 A. I can't speak to that.

25 Q. What do you know about

1 overprescribing of high potency pain medication?

2 A. I have a personal story to share
3 that I know about.

4 My personal story is when I went to
5 the endodontist to have a root canal and -- I
6 went into the root canal, and when they were
7 finishing with the work, the endodontist asked
8 me if I wanted a prescription for pain, and I
9 said no, I'd be fine. And we kept talking and
10 he was finishing up, wrapping up the work, and
11 then he asked me again if I wanted a
12 prescription for pain. And I said, "What is it?
13 Is it an opioid?"

14 And he said, "Yes."

15 I said, "I don't want it."

16 So then we finally wrapped up and
17 were finishing things up, and he says, "You
18 know, it's a Friday and it's going to be a long
19 weekend. You know, sometimes people have pain
20 over the weekend." He says, "I'll just give it
21 to you and put it in. We'll do this."

22 And I finally turned to him, which
23 is -- I thought was a little much, and I said,
24 "I don't want it."

25 And so he said, "Okay," and we

1 finished up. And as the visit finished up, I
2 got my packet of information, I paid my co-pay
3 or whatever it was, and I got back out to the
4 car and the prescription was in there.

5 And so, for me, that meant that it
6 was a systemic issue, it was part of the system.
7 It wasn't, in my mind, that individual dentist,
8 but it was a systemic issue.

9 And so that's my only concern about
10 -- or that would be my reference point that's
11 personal.

12 Q. Did you believe that it was
13 medically unnecessary to prescribe an opioid for
14 your pain in that instance?

15 MR. GALLUCCI: Object to form.

16 A. I know that I asked -- I didn't want
17 it, and it was part of the system to provide it,
18 and it was -- that's my view, my personal view.
19 After three objections it shouldn't have been in
20 my packet.

21 Q. And did you believe that this -- was
22 it a dentist or an endodontist?

23 A. Endodontist.

24 Q. Did you believe that this
25 endodontist was pushing prescription opioids on

1 you?

2 A. I believe that it was part of the
3 system. He was a nice guy. He did a good job.
4 It turned out I didn't have any pain. I just
5 think it was already part of the process, I
6 think, and he was onto the next person when he
7 was finished with me to do the next job.

8 Q. Did you believe that this
9 endodontist was pushing prescription opioids on
10 you?

11 MR. GALLUCCI: Object to form.

12 A. I think I just answered that
13 question.

14 Q. You said it's part of the system.
15 You said it's part of the process. I'm not
16 asking whether it's part of the system or part
17 of the process. I'm asking, do you think he was
18 pushing prescription opioids on you?

19 MR. GALLUCCI: Object to form.

20 A. I don't think -- I don't think it
21 was an individual endodontist or dentist issue.
22 I think -- I think it was part of the larger
23 system, that there were a lot of opioids out
24 there and it was part of the larger system.
25 That's what I think.

1 Q. When was this?

2 A. A few years ago.

3 Q. Can you be more precise?

4 A. A few years. I can't be more
5 precise. It's been a few.

6 Q. What is the basis for your belief
7 that what this endodontist was doing was part of
8 a system?

9 A. Because it was already in the packet
10 and it was always going to be in the packet --
11 that's why -- the prescription.

12 Q. And what is your basis for saying,
13 "It was always going to be in the packet"?

14 A. It was part of the discharge
15 process. That was my view.

16 Q. So are you saying that what the
17 endodontist in his office was doing was part of
18 the system for that office or some system that
19 went beyond this endodontist's practice?

20 A. I believe it was larger personally.

21 Q. Why?

22 A. Just because I have a hard time
23 believing that it would be unique. That's my
24 personal view.

25 Q. What's your basis for thinking it

1 went beyond that particular endodontist?

2 MR. GALLUCCI: Object to form.

3 A. Because of the scope of the problem
4 we were having in the community. That's why.

5 Q. Had you heard of problems before
6 this episode of endodontists prescribing opioids
7 to patients who refused them?

8 A. I had not. I hadn't been to an
9 endodontist, so that was my first experience.

10 Q. This was your first experience with
11 an endodontist?

12 A. That I can recall, yes.

13 Q. Had you heard reports of dentists
14 prescribing opioids to patients who didn't want
15 them?

16 A. Not personally.

17 Q. So prior to this experience with
18 this endodontist, had you heard from anyone
19 about any dentist or endodontist or anyone else
20 in a dental-related practice prescribing opioids
21 to a patient who said he or she didn't want
22 them?

23 A. No.

24 Q. Has it happened to you since then?

25 A. I haven't been back to the

1 endodontist.

2 Q. So I take it it hasn't happened to
3 you since then, correct?

4 A. No, it has not.

5 Q. So this episode that you're
6 describing is one episode?

7 A. Yes.

8 Q. Have you talked to others who
9 described the same experience?

10 A. Only casually, yes.

11 Q. Who have you talked to who said they
12 had the same experience?

13 MR. GALLUCCI: Object to form.

14 A. Just in casual conversations with
15 people, people I know.

16 Q. Which people you know?

17 A. Standing around at, you know,
18 something -- you know, maybe waiting to pick up
19 my kid at school or something. But just general
20 conversations. I can't speak to the specifics
21 of their cases.

22 Q. But can you identify any of these
23 people by name?

24 A. No.

25 Q. Can you provide any more detail

1 about these general conversations you had with
2 them?

3 A. No. Just that it was more like I
4 had a similar experience kind of thing.

5 Q. Can you provide any detail at all
6 about any of their experiences?

7 A. No, I cannot.

8 Q. So what is your basis for believing
9 that what happened to you on this one occasion
10 is part of a system that goes beyond you and
11 beyond this endodontist's practice?

12 MR. GALLUCCI: Object to form.

13 A. I think my answer to that question
14 that I answered before is that because it was in
15 the packet, and in the context of what was
16 happening in the larger community, it felt like
17 it was a bigger problem.

18 Q. I understand. I'm trying to
19 understand the basis for your belief that what
20 happened to you one time with one endodontist is
21 a systemic issue if it only happened one time to
22 you and you're not familiar with the details of
23 it happening to anyone else. What is the basis
24 for your believing that this is a systemic
25 issue, to use your phrase?

1 MR. GALLUCCI: Object to form.

2 A. I would -- my view is because it was
3 a few years back and it was such a -- it was a
4 big community problem, and it just seemed to me
5 to be significant in that regard, that it was --
6 given the problem we were having in the
7 community. That was my view.

8 Q. Do you believe that your view that
9 this was a systemic issue is a well-informed
10 opinion?

11 A. It's mine.

12 Q. It is your opinion?

13 A. Yes, that's right.

14 Q. Do you believe it's a well-informed
15 opinion?

16 MR. GALLUCCI: Object to form.

17 A. I believe in the context of what was
18 happening in the community, that my personal
19 view is that it didn't feel like it was unique.
20 That was my view.

21 Q. My question is whether you believe
22 your opinion is a well-informed opinion, not
23 whether it was your opinion but whether it was a
24 well-informed opinion.

25 MR. GALLUCCI: Object to form.

1 A. I think it made sense to me in the
2 context of what I was hearing happening in the
3 community, and it made sense to me.

4 Q. But you said before --

5 A. Well informed is for someone else to
6 figure out.

7 Q. You said before that prior to this
8 happening to you with this particular
9 endodontist, no one had ever told you that they
10 had had a similar experience with an endodontist
11 or dentist.

12 A. I had never asked. I had never even
13 struck up a conversation with anybody about it,
14 even casually or whatever, until that time. So
15 it's not like I went around asking people prior
16 to that.

17 Q. But no one had told you they had an
18 issue with an endodontist or dentist prescribing
19 an opioid when the patient didn't want it,
20 right?

21 A. No.

22 Q. This is the first time it ever
23 crossed your radar screen --

24 MR. GALLUCCI: Object to form.

25 Q. -- right?

1 A. Yes, that's true.

2 Q. And yet when this was the first time
3 it crossed your radar screen, you concluded that
4 this was part of a systemic issue, right?

5 MR. GALLUCCI: Object to form.

6 A. It felt like it was to me.

7 Q. But you're describing a feeling and
8 I'm trying to understand the basis for your
9 belief.

10 MR. GALLUCCI: Object to form.

11 Asked and answered.

12 A. I think this is the third time I
13 answered this. It was in the packet when I
14 left. I believe I've answered it, too, multiple
15 times. I'm not sure where we're going with it.

16 Q. What is the name of the endodontist
17 who --

18 A. I don't know. I'd have to go back
19 and dig it up. It's been several years.

20 Q. Where is the endodontist's practice?

21 A. In Westlake, Ohio.

22 Q. Do you know the address or the
23 neighborhood where --

24 A. Somewhere near Dover and Detroit.

25 Q. How did you come to see this

1 endodontist?

2 A. I don't know. I don't remember how
3 I got referred.

4 Q. Is that endodontist still
5 practicing?

6 A. I don't know.

7 Q. Did you report your concern about
8 what this endodontist was doing with respect to
9 prescribing prescription opioids that you didn't
10 want?

11 A. To whom?

12 Q. Did you report him to any
13 professional association?

14 A. No.

15 Q. Did you report him to any law
16 enforcement agency?

17 A. No.

18 Q. Did you report him to anyone in the
19 Cuyahoga County Opiate Task Force?

20 A. I believe I shared it with Vince,
21 the experience.

22 Q. What did Vince Caraffi tell you?

23 MR. GALLUCCI: Object to form.

24 A. I don't remember specifically what
25 he told me, but -- I can't remember specifically

1 what he would have told me. It's been several
2 years.

3 Q. What did he tell you generally?

4 A. I don't want to speculate about
5 that.

6 Q. Did you report what this endodontist
7 had done to any other regulatory body?

8 A. How would I know anything about
9 that? I don't understand the question. You
10 asked me if I would report what the endodontist
11 had done to any other regulatory body.

12 Q. Yes. Did you report what this
13 endodontist had done --

14 A. Oh.

15 Q. -- in your personal experience to
16 any other regulatory body?

17 A. No.

18 Q. Or any group or individual other
19 than Vince Caraffi?

20 A. No.

21 Q. You felt what he did was
22 inappropriate?

23 A. Yes.

24 Q. Why didn't you report him to
25 someone?

1 A. Because I thought it was a larger
2 system issue.

3 Q. Why isn't that all the more reason
4 to report it to someone?

5 MR. GALLUCCI: Object to form.

6 A. I didn't report it to anyone.

7 Q. Why not?

8 A. Because I thought it was bigger than
9 the dentist.

10 Q. I understand you didn't report it.
11 I understand you didn't report it because you
12 thought it was bigger than the dentist. I'm
13 still trying to understand your logic.

14 A. Because --

15 Q. Why would you not report it if it
16 was bigger than the endodontist?

17 MR. GALLUCCI: Object to form.

18 A. Because I thought it was a system
19 issue, which we were in the process of working
20 on as a community.

21 Q. Who's "we"?

22 A. The opiate task force.

23 Q. What did the Cuyahoga County Opiate
24 Task Force do to explore whether there was a
25 systematic issue relating to dentists or

1 endodontists prescribing opioids that their
2 patients didn't want?

3 MR. GALLUCCI: Object to form.

4 A. I can't describe with specificity
5 what they were doing than what I described
6 earlier as working in collaboration on the
7 context of the whole problem because it has lots
8 of tentacles.

9 Q. Sitting here today, are you aware of
10 anything that the Cuyahoga County Opiate Task
11 Force did to address what you think is a
12 systemic issue with dentists or endodontists
13 prescribing opioids to patients who don't want
14 them?

15 A. No.

16 Q. This list on page -- Allan Exhibit 9
17 also says that, "HCAHPS/Press Ganey Scores
18 (patient satisfaction surveys) that affected
19 hospital reimbursement" is a contributing factor
20 that led to the opioid problem.

21 Do you see that?

22 A. Yes.

23 Q. What do you know about whether and
24 how HCAHPS/Press Ganey scores affected hospital
25 reimbursement and were a contributing factor

1 that led to the opioid problem?

2 A. I can't speak to that.

3 Q. Do you know anything about that?

4 A. No.

5 Q. What is HCAHPS?

6 A. I don't know.

7 Q. What is a Press Ganey score?

8 A. I don't know.

9 Q. This list also says,

10 "Abuse-deterrent formulations of medications
11 that may have inadvertently shifted abuse
12 towards heroin" is another contributing factor
13 that led to the problem with opioids.

14 Do you see that?

15 A. Yes.

16 Q. What do you know about that
17 contributing factor?

18 A. I can't speak to that.

19 Q. Do you know how that led to the
20 epidemic?

21 A. No.

22 MR. GALLUCCI: Object to form.

23 Q. This list also identifies "Mass
24 incarceration for non-violent, drug-related
25 crimes" as a contributing factor that led to the

1 opioid problem.

2 Do you see that?

3 A. Yes.

4 Q. What do you know about that
5 contributing factor?

6 A. I can't speak to that.

7 Q. Can you explain how that factor
8 contributed to an opioid epidemic?

9 MR. GALLUCCI: Object to form.

10 A. No.

11 Q. It also lists the "lack of treatment
12 availability" as a contributing factor.

13 Do you see that?

14 A. Yes.

15 Q. What do you know about that factor?

16 A. Generally, that there weren't --
17 hearing from the Alcohol, Drug Addiction and
18 Mental Health Services Board, from some of the
19 task force workers, that there was a lack of
20 availability of treatment locations in the
21 general sense.

22 Q. What do you mean, "in the general
23 sense"?

24 A. Meaning like they just didn't have
25 enough -- the discussion at the time, as I

1 recall, was related to in-patient beds and
2 in-patient care and the lack of ability to do
3 that.

4 Q. The last factor listed here is
5 "Stigma viewing drug addiction as a moral
6 failing" as a contributing factor that led to
7 the opioid problem. What do you know about that
8 factor?

9 A. That also was discussed, I think, in
10 -- in the context of the opioid task force.
11 People are afraid -- the discussions, as I
12 recall, were people are afraid -- and in
13 discussions with my staff -- I mentioned April
14 Vince and Vince Caraffi, but in those
15 discussions, it was about how people are afraid
16 -- they're ashamed to report the addiction about
17 them or their family members, and that ends up
18 being a barrier. And, also, in their
19 interactions with -- with people, whether it's
20 their job or whatever it may be, stigma can
21 serve as a barrier to seek treatment and sort of
22 confound the problem.

23 Q. Do you have any factual basis for
24 disputing that this list of factors are indeed
25 factors that contributed to the problem of

1 opioids?

2 A. Can you repeat that again? I'm
3 sorry.

4 Q. Sure.

5 Do you have any factual basis for
6 disputing that this list of factors are indeed
7 the factors that led to the problem with opioids
8 in Cuyahoga County?

9 MR. GALLUCCI: Object to form.

10 A. No.

11 Q. Do you have any factual basis for
12 saying that this list is incomplete and that it
13 missed another factor that led to the problem
14 with opioids in Cuyahoga County?

15 MR. GALLUCCI: Object to form.

16 A. No, I can't speak to that.

17 - - - - -

18 (Thereupon, Allan Deposition Exhibit
19 10, E-Mail String Beginning Bates
20 Number CUYAH_002350842 - Marked
21 "Confidential," was marked for
22 purposes of identification.)

23 - - - - -

24 Q. Showing you what has been marked as
25 Allan Exhibit 10, this is a series of e-mails

1 that are Bates numbered CUYAH 2350842 through
2 843.

3 Do you see that this is three
4 separate e-mails, Mr. Allan, the first one from
5 Hugh Shannon to Matt Carroll, the second one
6 from Matt Carroll to you?

7 A. Yes.

8 Q. And the third one from you to
9 unidentified recipients?

10 MR. GALLUCCI: Did you say from you
11 or from Hugh?

12 MR. KEYES: From you.

13 MR. GALLUCCI: It looks like the
14 third one is from Hugh, based on this signature
15 at the bottom.

16 MR. KEYES: Yeah. I'm sorry.

17 Q. So the earliest of the three e-mails
18 is from Hugh Shannon, it looks like, to Matt
19 Carroll at the bottom of the page.

20 MR. GALLUCCI: I would just note
21 that we don't have anything indicating it's to
22 Matt Carroll despite -- Matt Carroll forwarded
23 it on to Terry, but it doesn't seem to indicate
24 who Hugh Shannon drafted the original e-mail to.

25 Q. Do you see three separate e-mails,

1 Mr. Allan?

2 A. Yeah. I see -- I see Hugh something
3 down here, and then I see Matt Carroll --

4 Q. Forwarding it to you?

5 A. Yeah, one line, and then I see my
6 response.

7 Q. And who is your response to?

8 A. I don't know. It doesn't say here.
9 There's no name, you know, so I don't know.

10 Q. Do you remember this exchange?

11 A. I do not.

12 Q. So the e-mail at the top of the page
13 is from you; the subject is "Heroin Overdose
14 Deaths"?

15 A. Yes.

16 Q. This is an e-mail you sent on August
17 24th, 2012, correct?

18 A. Yes. That's what it says.

19 Q. You say, "Hugh called me last week."
20 Is that Hugh Shannon?

21 A. Yes.

22 Q. Hugh Shannon is the administrator
23 for the Cuyahoga County Medical Examiner's
24 Office?

25 A. Yes.

1 Q. What did you discuss in that call?

2 A. I don't remember. It says here --

3 MR. GALLUCCI: Object to form.

4 A. You know, I don't recall the call
5 specifically. It's been six years.

6 Q. Okay. So without looking at a
7 document to refresh your recollection, what do
8 you remember about that conversation?

9 A. I don't recall the conversation.

10 Q. What do you remember him telling
11 you?

12 A. I don't remember.

13 Q. The next line says, "Told him we can
14 help with mapping, outreach, etc." Who is the
15 "we" in that sentence?

16 A. Probably there are -- our department
17 epidemiology, surveillance and informatics
18 folks, because they do mapping. That would be
19 my assumption.

20 Q. Then you say, "We think this is
21 related to the whole prescription drug misuse
22 deal."

23 Do you see that?

24 A. Yes, I do.

25 Q. Who is the "we" in that sentence?

1 A. It would be -- what likely I would
2 have done is to connect back with -- with our
3 staff, maybe Vince at the time, to give me some
4 context, because on individual programs often
5 I've got to go to the folks that are involved
6 with the program to get context to respond to
7 inquiries.

8 Q. You say, "We think this is related
9 to the whole prescription drug misuse deal."
10 What did you mean by "the whole prescription
11 drug misuse deal"?

12 A. For context, I have to go back and
13 read Hugh's response -- or Hugh's e-mail, so if
14 you give me some time to do that, I might be
15 able to answer that.

16 Q. Sure.

17 MR. GALLUCCI: While waiting, I'll
18 point out, the "Ex Ex" at the top, we did
19 reproduce this with names identified. There was
20 previously an issue where, when it came across,
21 they came across that way, so there's a
22 subsequent production that does have the
23 recipients identified.

24 MR. KEYES: Okay. Thank you.

25 A. I think what I was referring to in

1 this context was the whole cascade that I had
2 described from -- moving from, you know, there
3 being a prescription drug problem, that then
4 this continuum around prescription drugs and
5 heroin and other street-related opioids. That's
6 my recollection.

7 Q. So your e-mail is responding to what
8 was in Hugh Shannon's e-mail on the bottom half
9 of the page?

10 A. Yes.

11 Q. And in his e-mail Mr. Shannon
12 reports the escalating number of heroin overdose
13 deaths in 2012, correct?

14 MR. GALLUCCI: Object to form.

15 A. Yes.

16 Q. And --

17 MR. GALLUCCI: I'm sorry. Where are
18 you getting the 2012? I assume you're reading
19 from the first line of Hugh Shannon's e-mail.

20 MR. KEYES: It says August 24th,
21 2012.

22 MR. GALLUCCI: But he doesn't -- the
23 statement that it's in 2012?

24 Q. Well, he's reporting the escalating
25 number of heroin overdose deaths in his e-mail

1 dated August 24th, 2012, right?

2 A. Yes.

3 Q. And then he reports that Cuyahoga
4 County is on pace for 150 heroin-related
5 overdose deaths in 2012, right?

6 A. Okay. I see it here now, yes.

7 Q. And then he compares that with 107
8 all of last year --

9 A. Um-hum.

10 Q. -- right?

11 A. Yes.

12 Q. And he's saying that 107 last year,
13 meaning 2011, represented a threefold increase
14 since 2007, correct?

15 A. Yes.

16 Q. So there were 37 heroin-related
17 deaths in 2007, 107 in 2011, and he's reporting
18 that Cuyahoga County is on pace for 150
19 heroin-related overdose deaths in 2012, correct?

20 A. Yes.

21 Q. And then Mr. Shannon says that he
22 found only New York, LA County, Wayne County
23 (Detroit) and Cook County (Chicago) have more
24 reported overdose deaths in the past several
25 years, right?

1 A. Yes.

2 Q. He says, "It is possible by the end
3 of this year Cleveland (Cuyahoga County) could
4 have the highest per capita rate of overdose
5 deaths in the nation," right?

6 A. Yes.

7 Q. "As well as one of the highest
8 aggregate amounts (top 5) in the entire United
9 States," right?

10 A. Yes.

11 Q. And what he's talking about are
12 heroin overdoses, correct?

13 A. Yes.

14 Q. Does he mention prescription opioid
15 overdoses anywhere in his e-mail?

16 A. No.

17 Q. So Mr. Shannon sends an e-mail that
18 is talking about heroin overdose deaths, and
19 Matt Carroll forwards it to you. What is Matt
20 Carroll's position?

21 A. He works in the executive's office.

22 Q. What was his specific position at
23 the time?

24 A. 2012? Let me think. I believe he
25 was -- 2012? I believe he was the chief of

1 staff, I think, at the time.

2 Q. He forwarded this e-mail, and he
3 says, "This topic seems like your baby." What
4 did you understand him to mean when he said
5 "this topic," meaning heroin overdose deaths,
6 "seems like your baby"?

7 A. I just think he meant, in practical
8 terms, that this is something that might -- the
9 Board of Health might have an involvement in.

10 Q. And so when you read Mr. Shannon's
11 e-mail describing the escalating number of
12 heroin overdose deaths, you then reported that
13 you think it's related to the whole prescription
14 drug misuse deal?

15 A. Yes.

16 Q. Which is what you described earlier
17 as the transition from using prescription
18 opioids to using illegal opioids?

19 MR. GALLUCCI: Object to form.

20 A. I described it as sort of this
21 continuum, yes.

22 Q. But you described it as people using
23 prescription opioids, then not being able to get
24 prescription opioids, and then turning to
25 illegal opioids, right?

1 MR. GALLUCCI: Object to form.

2 A. Yes.

3 Q. And did you have any different basis
4 for understanding that connection or transition
5 than you described earlier today?

6 MR. GALLUCCI: Object to form.

7 A. Can you help me understand?

8 Q. Yes.

9 You told me earlier what your basis
10 is for believing that there is this connection
11 between prescription opioid use and illicit
12 opioid use.

13 A. Okay.

14 Q. You told me everything that you can
15 point to that is the basis for your
16 understanding, correct?

17 MR. GALLUCCI: Object to form.

18 A. Yes.

19 Q. You are describing a similar belief
20 back in August of 2012 in this e-mail, correct?

21 A. Yes.

22 Q. Did you have anything else that
23 formed that belief back in 2012 that's different
24 than what you explained today?

25 A. I think I would have gotten feedback

1 back in 2012 in talking with Vince, who would
2 have been involved, which is where I would have
3 gotten my context from. As I mentioned, I
4 usually go to the program people to gather
5 context. It's been six years. So that's the
6 best I can speak to at the moment with this
7 response.

8 Q. You said in the e-mail, "Docs used
9 to treat pain liberally with opiates."

10 A. Again, that would have come from
11 feedback from my discussions with Vince.

12 Q. So your basis for making that
13 statement is speaking with Mr. Caraffi?

14 A. Yes. So if it was whatever topic it
15 is is that I'm dealing with, I go to the program
16 person to provide context back for a response.

17 Q. Other than talking to Mr. Caraffi,
18 did you have any basis for saying, "Docs used to
19 treat pain liberally with opiates"?

20 A. That would have been where I got the
21 context.

22 Q. Right. But I'm asking whether you
23 had any other source of information besides what
24 Mr. Caraffi told you as the basis for saying,
25 "docs used to treat pain liberally with

1 opiates"?

2 MR. GALLUCCI: Object to form.

3 A. That would have been my source.

4 Vince would have been the source. And my -- my
5 sense is that it would have been from feedback
6 that he had through the task force.

7 Q. Then you say, "Over the last couple
8 of years, given the trend on misuse, they
9 stopped cold."

10 Do you see that?

11 A. Yes.

12 Q. Are you referring to docs when you
13 say, "They stopped cold"?

14 A. Yes. That would have been the
15 context.

16 Q. And are you referring to docs
17 stopping cold and not treating pain with
18 opiates?

19 A. Yes.

20 Q. What is your basis for understanding
21 back in August of 2012 that, over the prior
22 couple years, doctors stopped treating pain with
23 opiates?

24 A. Similarly, that would have been in
25 conversations with Vince Caraffi, and he would

1 have learned those in his interactions with the
2 task force, or whatever the name was at the
3 time.

4 Q. Did you have any other basis for
5 believing that or making that statement other
6 than what Mr. Caraffi told you?

7 A. No.

8 Q. Then you said, "No one is treating
9 pain." Is that also a statement based on what
10 Mr. Caraffi told you?

11 A. And the interactions that he would
12 have gained from interactions with the task
13 force.

14 Q. But you're basing it on what you
15 learned from Mr. Caraffi?

16 A. Yes.

17 Q. You're not basing it on your own
18 interactions with someone else?

19 A. That's correct.

20 Q. Then you say, "People are turning to
21 heroin, as it's much cheaper on the street."

22 Do you see that?

23 A. Yes.

24 Q. What is your basis for that
25 statement?

1 A. Well, we heard -- and I know I heard
2 from Vince and also from people that are
3 involved in the task force, that heroin is
4 cheap, and that was -- also we heard about that
5 in the newspapers, too, certainly, but I would
6 have heard it from Vince as well.

7 Q. So seeing this exchange, can you
8 point to any other source of information that is
9 the basis for your belief that people who used
10 prescription opioids couldn't get them and then
11 turned to unlawful drugs?

12 A. Not other than what I've told you.

13 Q. Do you have any role in preparing
14 the annual reports for the Cuyahoga County
15 Opiate Task Force?

16 A. No.

17 Q. Do you receive them?

18 A. I do, yes.

19 Q. Do you read them?

20 A. I'm sure I have.

21 - - - - -

22 (Thereupon, Allan Deposition Exhibit
23 11, Cuyahoga County Opiate Task
24 Force Report 2014, was marked for
25 purposes of identification.)

1 - - - - -

2 Q. This is Allan Exhibit Number 11. Do
3 you have that exhibit in front of you?

4 A. Yes.

5 Q. Is this the Cuyahoga County Opiate
6 Task Force report for 2014?

7 A. Yes.

8 Q. Once you received this report, what
9 did you do with it?

10 A. I'm sure that -- I'm sure I reviewed
11 it, but it would have been, you know, after it
12 was completed I'm sure.

13 Q. Would you turn to page 7 of this
14 annual report? Are you on page 7?

15 A. Yes.

16 Q. There's a discussion of the shift
17 towards heroin. Do you see that at the top of
18 the page?

19 A. Yes.

20 Q. And there's a section that says,
21 "The shift toward heroin is due to a number of
22 factors." There are three bullet points.

23 Do you see that?

24 A. Yes.

25 Q. The first bullet point is

1 "Increasing availability throughout Ohio."

2 Do you see that?

3 A. Yes.

4 Q. The second one is "The shutdown of
5 southern Ohio pill mills."

6 Do you see that?

7 A. Yes.

8 Q. The third one is "More hospitals
9 adopting proper prescribing guidelines."

10 Do you see that?

11 A. Yes.

12 Q. What do you know about the
13 increasing availability of heroin throughout
14 Ohio in 2014?

15 A. Only real general terms, what might
16 have been said in the news, but I can't speak to
17 it specifically.

18 Q. Do you have any basis for disputing
19 the proposition that heroin had increasing
20 availability throughout Ohio in 2014?

21 A. No.

22 Q. What do you know about the shutdown
23 of southern Ohio pill mills in 2014?

24 A. I have no knowledge of that.

25 Q. Do you have any basis for

1 disagreeing with the proposition that the
2 shutdown of southern Ohio pill mills was a
3 factor in the shift towards the use of heroin?

4 MR. GALLUCCI: Object to form.

5 A. I don't know either way about it. I
6 don't know -- I don't know about it either way,
7 I guess.

8 Q. What do you know about more
9 hospitals adopting proper prescribing
10 guidelines?

11 A. I don't know anything about that. I
12 can't speak to that.

13 Q. Do you have any basis for disputing
14 the proposition that the shift toward heroin was
15 due, in part, to more hospitals adopting proper
16 prescribing guidelines?

17 MR. GALLUCCI: Object to form.

18 A. No.

19 Q. Excuse me?

20 A. No.

21 - - - - -

22 (Thereupon, Allan Deposition Exhibit
23 12, E-Mail String Beginning Bates
24 Number CUYAH_001635636 - Marked
25 "Confidential," was marked for

1 purposes of identification.)

2 - - - - -

3 Q. Showing you what has been marked as
4 Allan Exhibit Number 12, this document is a
5 series of e-mails with the Bates numbers
6 CUYAH 1635636 through 38. Do you see this is a
7 series of e-mails?

8 A. Yes.

9 Q. And do you see that Joan Papp is
10 reaching out to you about how the Cuyahoga
11 County Board of Health could assist in making
12 naloxone more available?

13 A. Yes.

14 Q. In the middle of the first page of
15 Allan Exhibit 12, there is an e-mail from you
16 dated September 11th, 2012.

17 Do you see that e-mail?

18 A. Yes.

19 Q. You say, "Dr. Papp, thanks for your
20 message. I have recently become familiar with
21 Project DAWN, and would be very interested in
22 working with you. We have a countywide task
23 force looking at the heroin issue."

24 Do you see that?

25 A. Yes.

1 Q. Were you referring to the Cuyahoga
2 County Opiate Task Force?

3 A. Yes.

4 Q. And were you -- if you look at the
5 prior e-mail from Dr. Papp, she is describing
6 increases in heroin-related deaths right in the
7 first paragraph of her e-mail?

8 MR. GALLUCCI: Object to form.

9 A. She says about the growing number of
10 opiate-related overdoses and deaths in the first
11 paragraph, right.

12 Q. Then she says, "In 2011 the Cuyahoga
13 County Medical Examiner reported 189 percent
14 increase in heroin-related deaths from 2007"?

15 A. Yes.

16 Q. And she reports "The deaths from
17 heroin overdose in 2012 are expected to surpass
18 this"?

19 A. Yes.

20 Q. So she was focused on heroin
21 overdoses and deaths from heroin overdoses,
22 correct?

23 MR. GALLUCCI: Object to form.

24 A. I think she speaks in the first
25 sentence about opiate-related overdoses and

1 deaths in non-specific terms, and then at the
2 end of the sentence she speaks to heroin
3 specifically.

4 Q. Does she mention prescription
5 opioids in that first paragraph?

6 A. No. It looks like she does in the
7 next section.

8 MR. GALLUCCI: If you're not done
9 with your answer, go ahead.

10 A. I'm just looking at the rest of the
11 e-mail now. It says in the next paragraph, "In
12 the emergency department we can quickly
13 resuscitate overdose victims with the drug
14 naloxone. It is a pure opiate antagonist" --

15 THE COURT REPORTER: If you could
16 slow down.

17 THE WITNESS: Oh, I'm sorry. I'll
18 go a little slower. I'm sorry.

19 A. "It is a pure opiate antagonist
20 which rapidly and completely reverses the
21 effects of all opiate drugs." And then she
22 lists a range of prescription opiates.

23 Q. So she's describing what naloxone
24 is?

25 A. Yes, and how it works.

1 Q. And she describes it as a pure
2 opiate antagonist, right?

3 A. Yes.

4 Q. That completely reverses the effect
5 of all opiate drugs, right?

6 A. Um-hum.

7 Q. Including prescription drugs?

8 A. Right, and heroin.

9 Q. Does she say anything in that
10 paragraph about what experience the emergency
11 department is having regarding overdoses from
12 prescription opioids?

13 A. Not in that paragraph.

14 Q. Does she reference anywhere in her
15 e-mail the emergency department's experience
16 with overdoses from the use of prescription
17 opioids?

18 MR. GALLUCCI: Object to form.

19 A. No.

20 Q. What she mentions are overdoses from
21 heroin, correct?

22 MR. GALLUCCI: Object to form.

23 A. You mean in the other two paragraphs
24 specifically?

25 Q. Yes, in her e-mail.

1 MR. GALLUCCI: For clarification,
2 you're saying the entire e-mail or just the two
3 paragraphs he asked about?

4 MR. KEYES: Let's take them one at a
5 time.

6 Q. Does she mention anything about
7 overdoses from prescription opioids in the first
8 paragraph of her e-mail?

9 A. No. She just speaks generally about
10 opioid-related overdoses and deaths.

11 Q. And then talks about heroin-related
12 deaths?

13 A. Yes.

14 Q. And deaths from heroin overdoses,
15 correct?

16 A. Yes.

17 Q. Does she mention anything about
18 overdoses from prescription opioids in the
19 second paragraph of her e-mail?

20 A. No. She just mentions what -- in
21 what context naloxone is effective and describes
22 them on both prescription opioids and heroin.

23 Q. And does she mention anything about
24 overdoses from prescription opioids in the third
25 or fourth paragraphs of her e-mail?

1 A. No.

2 Q. Does she mention anything about
3 overdoses from prescription opioids anywhere in
4 her e-mail to you?

5 MR. GALLUCCI: Object to form.

6 A. Not specifically.

7 - - - - -

8 (Thereupon, Allan Deposition Exhibit
9 13, E-Mail String Beginning Bates
10 Number CUYAH_014232916 - Marked
11 "Confidential," was marked for
12 purposes of identification.)

13 - - - - -

14 Q. Showing you what has been marked as
15 Allan Exhibit Number 13, this is a series of
16 e-mails, Bates numbers CUYAH 14232916 through
17 920.

18 Would you turn to the second page of
19 Allan Exhibit 13?

20 A. Um-hum.

21 Q. Do you see there's an e-mail from
22 you to Vince Caraffi, Chris Kippes and Allisyn
23 Leppla on October 27th, 2015?

24 A. Yes.

25 Q. You say, "So I was at the dentist

1 yesterday and given the persistent push to
2 prescribe me narcotics after a root canal, which
3 I kept refusing. I can't help but think that
4 the pharmaceutical industry might be
5 incentivizing docs or dentists who write scripts
6 for narcotics. Have anyone looked into this,
7 and specifically into endodontist and
8 orthodontic practices and their prescribing
9 practices. Vince? Just wondering."

10 Did I read that correctly?

11 A. Yes.

12 Q. When you said "scripts," were you
13 referring to prescriptions?

14 A. Yes.

15 Q. What was your basis for thinking
16 that the pharmaceutical industry may be
17 incentivizing docs or dentists to write
18 prescriptions for narcotics based entirely on
19 this endodontist giving you a prescription
20 opioid that you said you didn't want?

21 A. I think we talked about this
22 earlier. I described earlier my sense that when
23 I finished, after multiple requests not to
24 receive it, that it was already part of the
25 system, and that would have been the basis for

1 it after I reflected on it, and when we had our
2 exchange previously about that. And so that
3 would be -- I wouldn't have anything different
4 to say about what -- than what I said before.

5 Q. Would you turn to the first page of
6 this exhibit? Mr. Caraffi responds to your
7 e-mail, correct?

8 A. Yes.

9 Q. He says, "Terry, what you
10 experienced yesterday is still the norm
11 unfortunately. I know that the Press Ganey
12 scores/hospital satisfaction surveys play a
13 large role in the overprescribing or push that
14 you mentioned in your e-mail."

15 Do you see that?

16 A. Yes.

17 Q. Does that jog a memory as to what
18 Press Ganey scores are?

19 A. As it was mentioned in one of the
20 documents that we -- you showed me, the pain --
21 sort of the patient satisfaction scores. That's
22 the only context I have.

23 Q. So did you understand Mr. Caraffi to
24 be confirming that dentists were overprescribing
25 or pushing prescription opioids in order to get

1 better Press Ganey scores or hospital
2 satisfaction survey scores?

3 A. What I understood was that basically
4 questions about pain were part of the process.
5 That's what I understood.

6 Q. And what is the consequence of
7 questions about pain being part of the process?

8 A. If people are still in pain when
9 they -- after they are seen, that they will
10 state their satisfaction -- they would have more
11 a negative -- more of a negative experience
12 relative to pain on finishing a visit.

13 Q. So if patients were complaining
14 about pain and the pain wasn't addressed to the
15 satisfaction of the patient, the patient would
16 give lower scores to that physician?

17 MR. GALLUCCI: Object to form.

18 A. That would be the presumption.

19 Q. And did you understand Mr. Caraffi
20 to be saying that dynamic led to prescribers
21 prescribing more opioids to their patients?

22 A. Yes.

23 Q. Did you have any follow-up
24 conversations with Mr. Caraffi about that
25 concept?

1 A. Not that I can recall specifically,
2 no.

3 Q. Did the Cuyahoga County Opiate Task
4 Force look at the dynamic of prescribers
5 prescribing more opioids to their patients in
6 order to get good or higher Press Ganey scores
7 or higher hospital satisfaction survey scores?

8 A. I don't know.

9 Q. Did the Cuyahoga County Board of
10 Health look at that dynamic separate from the
11 Cuyahoga County Opiate Task Force?

12 A. Not that I'm aware of, no.

13 MR. KEYES: Okay. Can we take a
14 ten-minute break?

15 THE VIDEOGRAPHER: Off the record,
16 3:18.

17 (Recess had.)

18 THE VIDEOGRAPHER: On the record,
19 3:41.

20 - - - - -

21 (Thereupon, Allan Deposition Exhibit
22 14, E-Mail String Beginning Bates
23 Number CUYAH_014270428 - Marked
24 "Confidential," was marked for
25 purposes of identification.)

1 - - - - -

2 BY MR. KEYES:

3 Q. Mr. Allan, I've handed you what has
4 been marked as Allan Exhibit 14. This is Bates
5 number CUYAH 14270428 through 49. The first
6 page is a series of two e-mails. The one at the
7 top is from you dated October 6, 2016.

8 Do you see that?

9 A. Yes.

10 Q. You write, "Sounds like a data hup,"
11 h-u-p, "concept to me." Is that a typo?

12 A. Yes.

13 Q. What is hup supposed to be?

14 A. It's supposed to be, I think, hub,
15 turned upside down.

16 Q. What did you mean when you said, "It
17 sounds like a data hub concept"?

18 A. I'd have to go back and -- let me
19 look at the context. Is this somehow connected
20 to this, from the e-mail (indicating)?

21 Q. Yes.

22 A. Is this an attachment?

23 Q. Yes, it was an attachment to the
24 e-mail.

25 A. Okay. Can I take a look at this?

1 Q. Of course.

2 A. Okay.

3 Q. Who is Joe Mazzola?

4 A. He is the health commissioner for
5 Franklin County Health Department in Ohio.

6 Q. And do you have an understanding as
7 to why Mr. Mazzola sent you this example?

8 A. Maybe he was interested in -- I
9 would presume, in this concept, I think
10 particularly of number two, so the idea that
11 creating, sort of, a place where you could begin
12 to track for early event detection. So I'll
13 give you an example.

14 In public health, after 9/11 health
15 departments became very involved in emergency
16 preparedness response, and so part of that
17 process gave us access to databases on
18 over-the-counter meds like cold medicine and
19 that sort of thing, and you could give us access
20 to a database from the state and feds so that
21 you could look at a period of time where there
22 was a run on cold medicine as a predictor or
23 like cold or flu symptoms as a predictor for the
24 beginning of flu season. So the idea is that
25 integrated data from a range of pharmacies

1 around that sort of information and it would
2 help us as an early detection process.

3 So what Joe was getting at, I think,
4 in this context, was could we create a data
5 sharing and monitoring program that might help
6 with early detection of -- you know, you begin
7 to combine data from law enforcement with
8 hospital data on emergency department
9 admissions, and based on a chief complaint that
10 may relate to a drug overdose, for instance,
11 combine that with data from the medical
12 examiner's office, from public health data that
13 may be available around naloxone utilization.

14 So the idea of integrating data sets
15 for predictive purposes is -- my guess is what
16 Joe was referring to, and that's why I used the
17 term "data hub" to at least speak to it.

18 Q. Mr. Mazzola was proposing the idea
19 of developing a data repository database to
20 track heroin, correct?

21 A. I don't know that he says that in
22 the e-mail. Let's see.

23 Q. Do you see he has two numbered
24 points?

25 A. Yes. It looks like he cut and

1 pasted this from the document from what I saw on
2 page -- it looks like he cut and pasted this
3 from this particular document. I think it was
4 page 20, I believe.

5 Q. Do you see he has two numbered
6 points in his e-mail to you?

7 A. Yes.

8 Q. And number 2 says, "Enhanced data
9 monitoring and sharing - develop a data
10 repository database to track heroin."

11 Do you see that?

12 A. Yes. And it is from page 20 of the
13 attachment I see.

14 MR. GALLUCCI: Object to form.

15 Q. Did -- did the Cuyahoga County Board
16 of Health work with any other boards of health
17 to develop a data -- repository database to
18 track heroin?

19 A. This -- so the idea of more
20 generally -- the idea of looking at multiple
21 data sources actually was discussed at the most
22 recent opioid summit that they held at the
23 Cleveland Clinic just a few months ago. And the
24 idea of just trying to integrate the data sets
25 is not simple. So it's -- it was just in

1 concept talked about. So that would involve
2 integrating a range of the data sets that I
3 described, and it takes time because of HIPAA,
4 things you folks understand better than I, a
5 whole range of approvals and the like. So
6 it's -- to me, these things are still in
7 conceptual stages.

8 Q. So even though he proposed it in
9 October of 2016, it's still in the conceptual
10 stage, as you would describe it?

11 A. That's how I would describe it, yes.

12 Q. What professional organizations are
13 you a member of within Ohio as a health
14 commissioner?

15 A. I'm a member of the Association of
16 Ohio Health Commissioners.

17 Q. And what does the Association of
18 Ohio Health Commissioners do?

19 A. We have annual meetings where we
20 talk about a range of different topics. We
21 have -- there are weekly newsletters on a range
22 of topics that -- that health departments -- you
23 know, with information that's interesting to
24 health departments or of interest to health
25 departments. And there is -- they do work

1 around setting a -- legislative priorities, that
2 sort of thing.

3 Q. Do you attend the annual meeting?

4 A. I do.

5 Q. Every year?

6 A. Almost every year. I think I've
7 only missed maybe one or so.

8 Q. And do you receive the weekly
9 newsletters?

10 A. Yes.

11 Q. Do you read them when you get them?

12 A. I review the newsletters, and if
13 there are topics that are of interest, I send
14 them out to staff and directors to review if it
15 relates to their individual programs.

16 Q. How do you receive these weekly
17 newsletters?

18 A. Electronically.

19 Q. By e-mail?

20 A. Yes.

21 Q. To your e-mail address at the
22 Cuyahoga County Board of Health?

23 A. Yes.

24 Q. And if you forward them to others at
25 the Board of Health, do you forward it by

1 e-mail?

2 A. Yes.

3 Q. What is the newsletter called?

4 A. I think it's just the AOHC
5 Newsletter.

6 Q. And after you review the portions
7 that are of interest to you, and perhaps forward
8 it to others at the Cuyahoga County Board of
9 Health, what do you do with the newsletter?

10 A. It's in my -- I don't do anything
11 else with it. If there's information that needs
12 to be acted upon, people act upon it.

13 Q. Then is it in your e-mail?

14 A. Yeah. It should be in my e-mail.

15 Q. Should it still be in your e-mail
16 today?

17 A. Probably.

18 Q. Do you use folders to organize your
19 e-mail?

20 A. Sometimes.

21 Q. Do you use a folder to organize the
22 weekly newsletters that you receive from the
23 Association of Ohio Health Commissioners?

24 A. No.

25 Q. No?

1 A. No. I can just search my e-mails if
2 I need something by the name or whatever.

3 Q. If you wanted to find these
4 newsletters, what search term or terms would you
5 use?

6 A. I'd probably use AOHC Newsletter. I
7 might use the name of one of the senders from
8 the association to search.

9 Q. What are the typical senders of the
10 newsletter?

11 A. Beth Bickford is one.

12 Q. Any others?

13 A. Penny -- what's Penny's last name?
14 I can't think of her last name at the moment.
15 Just the two of them is usually the ones that
16 send them.

17 Q. What is Beth Bickford's position
18 with AOHC?

19 A. She's the executive director.

20 Q. What is Penny last name unknown's
21 position with AOHC?

22 A. She is a -- like a support staff
23 person.

24 Q. She's support staff to Ms. Bickford?

25 A. Yes.

1 Q. What work do you do in connection
2 with AOHC other than attend the annual meeting
3 and receive the weekly newsletters?

4 A. I used to be -- many years ago I was
5 on the board, but I cycled off quite a few years
6 back.

7 Q. What period of time were you on the
8 board of AOHC?

9 A. I would have to go back and look.
10 It's actually on my resume I think. If I can go
11 back and look at that. Do you want me to look
12 on --

13 Q. No. If it's on your resume, we can
14 find it later.

15 What -- does the AOHC have
16 committees?

17 A. They have a -- yeah. They've had
18 several committees for different purposes. They
19 have one around public affairs. They have one
20 that we are on around public health futures
21 committee, looking at like -- there are some
22 mandates around accreditation that affect local
23 public health. There are some looking at
24 mechanisms around trying to fund some essential
25 services. And so I was part of that process.

1 Q. Has AOHC ever had any committees
2 that focus on the problem of opioids in Ohio?

3 A. There was -- there are not any
4 committees, but I remember before at one of the
5 meetings we pulled together -- it's been a
6 number of years -- at the meeting a group of
7 people that were just interested came together
8 to talk a little bit about what was happening
9 with syringe service programs around the state
10 and other opioid-related issues, just an
11 informal dialogue.

12 Q. When was that meeting?

13 A. It's been a few years. I don't
14 remember exactly when it was.

15 Q. Did you attend the meeting?

16 A. Yes.

17 Q. Does AOHC have any task forces or
18 working groups separate from committees?

19 A. I don't think so. I've been out of
20 the loop on the details, like, for a few years,
21 but I don't think so.

22 Q. Is there any standing group of
23 people associated with AOHC who are focused on
24 the problem of opioids in Ohio?

25 A. No standing group that I can recall.

1 MR. KEYES: I have no further
2 questions at this time. Thank you.

3 THE WITNESS: Thank you.

4 EXAMINATION OF TERRENCE M. ALLAN

5 BY MS. JAMES:

6 Q. Hi, Mr. Allan.

7 A. Hello.

8 Q. Erica James. I'm here representing
9 Janssen Pharmaceuticals and Johnson & Johnson
10 today. I'm going to have a few questions for
11 you. Mr. Keyes was very thorough so I'm going
12 to try not to duplicate too much.

13 A. Okay.

14 Q. I did have one question about the
15 funding for the Cuyahoga County Board of Health.

16 Does the Cuyahoga Board of Health
17 receive any direct funding through Medicaid?

18 A. Direct funding through Medicaid? We
19 receive money from Medicaid for, I think right
20 now, three programs, the -- for our
21 vaccine-preventable diseases through our family
22 planning clinic, and for our -- we do dental
23 sealants in school systems, and so we're
24 reimbursed. We have, I think, agreed-upon
25 contracts with those with a range of managed

1 care agencies and private insurers. We've -- I
2 think those are the places right now, but they
3 would be -- I don't know if that's direct, but
4 that's the Medicaid money that we get.

5 There also is Medicaid money that
6 comes to fund -- to do lead risk assessments in
7 the homes of kids who have been poisoned, and
8 that comes through the state health department,
9 so it's through Ohio Medicaid, but the state
10 health department is where the contract is held.

11 Q. And I know I asked the direct
12 question. Is there any indirect Medicaid money
13 that you're aware of that would go towards
14 funding towards opiate programming?

15 MR. GALLUCCI: Object to form.

16 A. Not that I'm aware of right now.

17 Q. Okay. Mr. Allan, I'm going to ask
18 you to look back at a couple of exhibits that
19 you've already looked at today, Exhibits 9 and
20 11 -- I'm sorry, Exhibit 9, to start off.

21 A. Okay.

22 MS. JAMES: And I'd like to mark
23 this as Exhibit 15, which is going to be the
24 Cuyahoga County Opiate Task Force report from
25 2016, and that's Bates range CUYAH_000018265

1 through 277.

2 - - - - -

3 (Thereupon, Allan Deposition Exhibit
4 15, Cuyahoga County Opiate Task
5 Force Report 2016, Beginning Bates
6 Number CUYAH_000018265, was marked
7 for purposes of identification.)

8 - - - - -

9 Q. And I believe earlier you were
10 looking at page 9 of Exhibit 9. If you could
11 turn back there. And I hope my memory serves.

12 A. Okay. 9 I think is the combined
13 sewer overflow page, probably not that one.

14 Q. Okay. Thank you. Page 6.

15 A. This is the contributing factor
16 page.

17 Q. Yes. Okay.

18 Now, in Exhibit 15, if I could get
19 you to look at the third page of that document.
20 If you could look, please, at the right-hand
21 side, the second column, towards the bottom
22 there's a section there that is titled "How did
23 this happen?"

24 Do you see that?

25 A. Yes.

1 Q. And then below that, "There are
2 several contributing factors that led to this
3 epidemic."

4 Did I read that correctly?

5 A. You're on 15, right?

6 Q. Yes, sir, Exhibit 15.

7 A. Sorry. Excuse me.

8 Q. So I was asking, there in the
9 right-hand column towards the bottom, under the
10 section "How did this happen, there are several
11 contributing factors that led to this epidemic."

12 Did I read that correctly?

13 A. Yes.

14 Q. And can you confirm for me, are the
15 bullet points that are listed in that section of
16 Exhibit 15, identical to those that are listed
17 in Exhibit 9, taken from the Cuyahoga County
18 Board of Health website?

19 A. Yes.

20 Q. Okay. And so would it be fair to
21 say that at least that portion of the Cuyahoga
22 County Board of Health website was adopted from
23 the 2016 Cuyahoga County Opiate Task Force
24 report?

25 MR. GALLUCCI: Object to form.

1 A. I don't know if it's -- for me, it's
2 like a chicken and egg thing. I don't know what
3 came first, you know. I don't know if it was
4 from this report and then it went to the
5 website, because we've been updating. I'm not
6 sure how old the content is on the website. So
7 I'm not sure.

8 Q. Okay. Is it your understanding that
9 if the language is included within the 2016
10 Cuyahoga County Opiate Task Force report, that
11 language has been adopted by the opiate task
12 force?

13 MR. GALLUCCI: Object to form.

14 A. I don't know the answer to that
15 question because I don't know -- they don't
16 really have a formal -- it's not like -- there's
17 not like a board, you know, that would, like,
18 adopt something. So I don't know if -- I don't
19 know that they formally adopt anything. It was
20 included in the report, but I can't speak to
21 whether it was a formal adoption, like a board
22 would adopt a policy or something.

23 Q. What do you consider the
24 significance of information being included
25 within an opiate task force report to be?

1 A. I think it's considerations for --
2 for our partners and the public in the context
3 of an evolving problem, large community problem,
4 and it relates back, just like a lot of reports,
5 information of current activities, and it looks
6 like there's information on some funding that
7 people have received for different purposes and
8 some of the partner agencies and the list of
9 activities that the partner agencies do, which
10 is, I think, pretty common in a lot of end
11 reports that are in these type of
12 collaboratives.

13 Q. Sure. And I'd like you to turn your
14 attention back to that section we were just
15 looking at there on page 2 -- I'm sorry, 3, at
16 the second half. And I'm now going to ask you
17 to also take a look at what's been marked as
18 Exhibit 11, please, which is the 2014 Cuyahoga
19 County Opiate Task Force report.

20 A. Do I need to keep Exhibit 9?

21 Q. No. We can set aside Exhibit 9.
22 We've identified them as the same, so we can set
23 that one aside.

24 A. Thank you.

25 Q. Okay. Sir, if you could please turn

1 to page 2 of Exhibit 11. So if you'll look
2 there towards the bottom half of the page,
3 you'll see the section where it says,
4 "Contributing factors that led to this epidemic
5 include."

6 Did I read that correctly?

7 A. Yes, ma'am.

8 Q. And can we agree that the epidemic
9 that's being referred to is the opioid epidemic?

10 MR. GALLUCCI: Object to form.

11 A. They're talking about the opioid
12 problem, yes.

13 Q. Okay. So now there are several
14 bullet points listed underneath that section as
15 well, and these are not quite identical, and so
16 I want to talk to you a little bit about the
17 differences.

18 A. Okay.

19 Q. Okay. So if we look there, the
20 first bullet is "Changes made to clinical pain
21 management guidelines during the late 1990s."
22 And I believe you've already been asked and
23 indicated that you cannot speak to that; is that
24 correct?

25 A. Yes, ma'am.

1 Q. So then the second bullet point in
2 Exhibit 11 states, "Improper storage and
3 disposal of unused medication."

4 Did I read that correctly?

5 A. Yes.

6 Q. And so the medication that, I guess,
7 they would be referring to in this context,
8 would that be prescription opioids?

9 MR. GALLUCCI: Object to form.

10 A. I -- in this section it's going to
11 be unused medication more generally. At these
12 pickup locations it could be prescription
13 opioids, it could be any other unused medication
14 that people may have in their medicine cabinet
15 that they want to get rid of because it's no
16 longer being used, it could be expired, it could
17 be lots of reasons. And so they want people to
18 collect those and bring them in for disposal.

19 Q. And would this have been the
20 potential source of the pills that were ending
21 up at the pill parties that you were discussing
22 earlier?

23 MR. GALLUCCI: Object to form.

24 A. It's possible.

25 Q. And so do you have any information

1 about why it is that improper storage and
2 disposal of unused medication was no longer
3 listed as a contributing factor for the opioid
4 epidemic in the 2016 task force report?

5 MR. GALLUCCI: Object to form.

6 A. No, I don't. I don't know why it's
7 not on the list. I know I visited a number of
8 city halls and in every city hall is sort of a
9 mailbox -- next to the police department a
10 mailbox structure that's, like, kind of
11 reinforced that it's for unused meds disposal,
12 so there are now -- at just about every city
13 hall you could go up to the front entrance by
14 the police department and there's a container
15 for unused meds. It's pretty -- available
16 pretty widely, and I think it's kind of
17 incorporated as a basic program, which is a good
18 thing.

19 Q. So in your opinion and experience,
20 was improper storage and disposal of unused
21 medication a contributing factor to the opioid
22 epidemic?

23 MR. GALLUCCI: Object to form.

24 A. Improper storage and disposal? I
25 think that there were a lot of opioids

1 available, very widely available, and apparently
2 along with lots of other prescriptions that
3 people have on their shelves that are old. If
4 you open medicine cabinets, there's lots of old
5 stuff we were finding and hearing stories from
6 the collaborative, and so it's a risk factor I'm
7 sure that they wanted to try to mitigate.

8 Q. Now, the next bullet in Exhibit 11
9 is "Marketing medications directly to
10 consumers"; is that right?

11 A. Yes.

12 Q. I'm going to ask you a little bit
13 more about that shortly.

14 The next bullet point there is
15 "overprescribing." Do you see that there?

16 A. Yes.

17 Q. And it looks like that was
18 encompassed within the list in Exhibit 15, where
19 they indicate "overprescribing of high potency
20 pain medications"; is that right?

21 MR. GALLUCCI: Object to form.

22 A. Yes. That's what it says on Exhibit
23 15.

24 Q. And do you have any knowledge or
25 information about why that change in language

1 came about between 2014 and 2016?

2 A. I do not. I didn't draft either
3 document, so I can't speak to that.

4 Q. Are the task force reports ever
5 discussed at any of the task force meetings that
6 you've attended?

7 A. I'm trying to remember if they were
8 ever discussed at a meeting I was at. I don't
9 recall that the meetings I attended had specific
10 discussion of the annual reports. I remember
11 partner agencies discussing activities and
12 current events at the parts that I would have
13 attended.

14 Q. Now, the next bullet listed in
15 Exhibit 11, "Substance abuse and underlying
16 mental health issues."

17 Did I read that correctly?

18 A. Yes.

19 Q. And, in your experience, have you
20 found preexisting substance abuse to contribute
21 to individuals going on to abuse opiate
22 medications?

23 MR. GALLUCCI: Object to form.

24 A. I'm not qualified, as not being a
25 behavioral health person or a substance abuse

1 professional, to make that judgment.

2 Q. And I know I substituted in
3 medication. I am going to reask this. I
4 imagine the answer may be the same. Have you
5 found substance abuse to be a contributing
6 factor to abuse of opioids generally?

7 MR. GALLUCCI: Object to form.

8 A. Again, it would be the same answer,
9 that I'm not qualified to make that
10 determination.

11 Q. And what about whether underlying
12 mental health issues contribute to individuals
13 going on to abuse opiates?

14 MR. GALLUCCI: Object to form.

15 A. I would have the same answer, that
16 I'm not qualified to make that determination.

17 Q. Has any employee of the Cuyahoga
18 County Board of Health done any investigation
19 into a relationship between substance abuse and
20 opioid abuse?

21 MR. GALLUCCI: Object to form.

22 A. I can't answer that specifically if
23 they have. I'm not aware that they have, only
24 that they've been part of the dialogue of the --
25 of the opiate task force.

1 Q. And what dialogue are you aware of
2 that has taken place with the opiate task force
3 regarding substance abuse and opioid use?

4 A. I can't speak specifically to any
5 dialogue along those lines specifically that
6 I've observed myself.

7 Q. And are you aware of whether any
8 employee of the Cuyahoga County Board of Health
9 has undergone any investigation of the link
10 between mental health issues and opioid abuse?

11 A. No, I'm not.

12 Q. Are you aware of any conversations
13 that have taken place in the context of the
14 opioid task force regarding mental health issues
15 and opioid use?

16 A. No.

17 Q. Have you ever been present at the
18 opioid task force for any conversations where it
19 was discussed that they no longer believed that
20 substance abuse or underlying mental health
21 issues were contributing factors to the opioid
22 crisis?

23 MR. GALLUCCI: Object to form.

24 A. No.

25 Q. And then the last bullet point there

1 in Exhibit 11, "Widespread diversion of
2 medication, such as doctor shopping, illegal
3 online pharmacies and the establishment and
4 recent closure of pill mills."

5 Did I read that correctly?

6 A. Yes.

7 Q. And what's your understanding of
8 what doctor shopping is?

9 A. I've heard the term, but I -- I'm
10 not familiar with it other than I heard it.

11 Q. What is your familiarity with
12 illegal online pharmacies?

13 MR. GALLUCCI: Object to form.

14 A. I have no familiarity with illegal
15 online pharmacies.

16 Q. Are you familiar with the term "pill
17 mills"?

18 A. Not unlike doctor shopping, I've
19 heard the term but I don't know much about it.

20 Q. And so can you personally speak to
21 whether doctor shopping, illegal online
22 pharmacies or the establishment and closure of
23 pill mills contributed to the opioid epidemic?

24 A. No.

25 Q. Have you ever been present at any

1 conversations at an opioid task force meeting
2 where it was discussed that these things, doctor
3 shopping, illegal online pharmacies and pill
4 mills, were not a cause of the opioid epidemic?

5 MR. GALLUCCI: Object to form.

6 A. No.

7 Q. And do you have any understanding of
8 why it is that these are included as a potential
9 contributing factor to the opioid epidemic in
10 2014 but not included in the 2016 report?

11 A. I do not.

12 Q. Now, I know that you briefly spoke
13 earlier to the marketing of medications directly
14 to consumers. I just wanted to ask you a little
15 bit more about that general concept.

16 Can you identify any manufacturers
17 of any prescription opioid medications?

18 A. No, not specifically. No, I can't.

19 Q. Have you personally ever viewed any
20 of the marketing materials of any manufacturer
21 of an opioid medication?

22 A. No.

23 Q. Do you have any personal knowledge
24 about how manufacturers of opioids marketed
25 their prescription opioid products?

1 A. No.

2 Q. Do you have any understanding of how
3 prescription opioids move from the manufacturers
4 through the chain of distribution to patients?

5 A. No.

6 Q. In coming across this -- strike
7 that.

8 Do you have any knowledge about the
9 information that would have been relied upon by
10 the opioid task force in making that statement,
11 "marketing medications direct to consumers,"
12 when it was included in either the 2014 or 2016
13 reports?

14 MR. GALLUCCI: Object to form.

15 A. No.

16 MS. JAMES: I have no further
17 questions.

18 THE WITNESS: Thank you, ma'am.

19 EXAMINATION OF TERRENCE M. ALLAN

20 BY MR. MOYLAN:

21 Q. Mr. Allan, my name is Daniel Moylan
22 and I represent the CVS defendants in this case.

23 A. Okay.

24 Q. Have you ever heard of a company
25 called CVS Indiana, LLC?

1 A. No. The only CVS I know is the drug
2 store up the street.

3 Q. So that's a no?

4 A. Yes, it's -- yes, it is a no.

5 Q. Okay. And have you ever heard of a
6 company called CVS Rx Services, Inc.?

7 A. No. I don't think so.

8 Q. Okay. Do you have any understanding
9 of what their business is?

10 A. No, I don't know any details about
11 their business.

12 Q. Are you aware that they're
13 defendants in this case?

14 A. No.

15 Q. Have you ever had any personal
16 communication with CVS entities in your work as
17 the health commissioner for the Cuyahoga County
18 Board of Health?

19 MR. GALLUCCI: Object to form.

20 A. So this is -- can I ask a question?
21 Is this CVS drug stores kind of thing? So you
22 said CVS. You didn't say --

23 Q. Any CVS entities.

24 A. I remember a while -- it's been a
25 number of years. Our epidemiology and

1 surveillance group was trying to connect around,
2 like, flu vaccine, and looking at availability
3 of flu vaccine, trying to find a way to build
4 like a community-wide database to say, you know,
5 we want people to be vaccinated, we don't care
6 where they get vaccinated for flu. So we wanted
7 to build a database to look at flu availability
8 that we could make available to the public and
9 try to get local pharmacy data published, so if
10 one entity was out in the community, they could
11 go to others to be able to get vaccinated. But
12 that was a number of years ago, and then I think
13 we tried to work up through some regional
14 office, but that was the extent of it.

15 Q. Do you have any recollection of when
16 that contact was going on?

17 A. It might have been -- it's been
18 quite a few years. It's been quite a few years.
19 I can't speak to exactly when.

20 Q. Could you estimate before ten years?

21 A. I can't say with any reliability,
22 but I -- beyond that.

23 Q. Okay. With respect to the programs
24 and services that the Board of Health has with
25 respect to opioids, has there ever been any

1 contact, to your knowledge, with CVS entities
2 concerning those programs and services?

3 A. Around opioids?

4 Q. Correct.

5 A. To my knowledge, no.

6 Q. So you're not aware of any Cuyahoga
7 County Board of Health employees who have
8 communicated with CVS entities as part of the
9 programs and services about opioids?

10 A. Not that I'm aware of personally.

11 Q. In addition to CVS, are you aware
12 that any other national pharmacy chains are also
13 defendants in this case?

14 A. No. I don't have any specifics
15 about the case at all.

16 Q. Okay. So you're not aware, then,
17 that Walmart is a defendant in the case?

18 A. No, I'm not aware.

19 Q. And you're not aware that Rite-Aid
20 is a defendant?

21 A. No.

22 Q. You're not aware that Walgreens is a
23 defendant?

24 A. No.

25 Q. Okay. For each of those I'll have

1 some similar questions.

2 With respect to Walmart {sic}, has
3 the Board of Health, to your knowledge, ever had
4 communications with anyone from Rite-Aid
5 concerning programs or services that the Board
6 of Health has concerning opioids?

7 A. No, not to my knowledge.

8 Q. Okay. Same question for -- for
9 Walgreens. Has anyone with the staff of the
10 Board of Health had communications with
11 Walgreens concerning programs or services around
12 opioids?

13 A. Not to my knowledge.

14 Q. Okay. And I may have mixed myself
15 up, but with respect to Walmart, has anybody,
16 any staff with the Board of Health, had
17 communications with Walmart regarding programs
18 or services that are implemented by the Board of
19 Health on opioids?

20 A. Not to my knowledge.

21 Q. With respect to the national retail
22 pharmacy chains that I've mentioned, do you have
23 any understanding of why they've been sued in
24 this case?

25 MR. GALLUCCI: Object to form.

1 A. No. I can't speak to any specifics.
2 I wouldn't speculate.

3 Q. So I'm assuming that you're not able
4 to describe the nature of the claims against any
5 of those national retail pharmacy chains?

6 A. I am not.

7 Q. So you're not aware that none of
8 them is sued in their role as retail pharmacies?

9 MR. GALLUCCI: Object to form.

10 A. No, I'm not aware.

11 Q. Are you aware that there are no
12 individual pharmacists that are named as
13 defendants in this litigation?

14 A. No.

15 MR. GALLUCCI: Object to form.

16 Q. And are you aware that there are no
17 doctors who are named as defendants in this
18 litigation?

19 MR. GALLUCCI: Object to form.

20 A. No.

21 Q. Do you agree with the decision that
22 doctors are not included in this litigation as
23 defendants?

24 MR. GALLUCCI: Object to form.

25 A. I don't know enough to -- about the

1 case to make a -- make a conclusion about that.

2 MR. MOYLAN: That's all the
3 questions I have. Thank you.

4 MR. GALLUCCI: Anybody else?
5 Anybody else have any further questions?

6 MR. KEYES: Do you have questions?

7 MR. GALLUCCI: I have no questions.

8 MR. KEYES: Thank you, Mr. Allan.

9 THE WITNESS: Thank you.

10 THE VIDEOGRAPHER: Off the record,
11 4:22.

12

13 (Deposition concluded at 4:22 p.m.)

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1 Whereupon, counsel was requested to give
2 instruction regarding the witness' review of
3 the transcript pursuant to the Civil Rules.

4
5 SIGNATURE:

6 Transcript review was requested pursuant to
7 the applicable Rules of Civil Procedure.

8
9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction
11 regarding delivery date of transcript.

REPORTER'S CERTIFICATE

The State of Ohio,)

) SS:

County of Cuyahoga.)

I, Renee L. Pellegrino, a Notary Public

within and for the State of Ohio, duly

commissioned and qualified, do hereby certify

that the within named witness, TERRENCE M. ALLAN,

was by me first duly sworn to testify the truth, the

whole truth and nothing but the truth in the cause

aforesaid; that the testimony then given by the

above referenced witness was by me reduced to

stenotypy in the presence of said witness;

afterwards transcribed, and that the foregoing is a

true and correct transcription of the testimony so

given by the above referenced witness.

I do further certify that this

deposition was taken at the time and place in the

foregoing caption specified and was completed

without adjournment.

1 I do further certify that I am not a
2 relative, counsel or attorney for either party,
3 or otherwise interested in the event of this
4 action.

5 IN WITNESS WHEREOF, I have hereunto set
6 my hand and affixed my seal of office at
7 Cleveland, Ohio, on this 20th day of December, 2018.

8
9
10
11
12 <%2227,Signature%>

13 Renee L. Pellegrino, Notary Public
14 within and for the State of Ohio

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16 My commission expires October 12, 2020.
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Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

December 20, 2018

To: FRANK L. GALLUCCI, III

Case Name: In Re: National Prescription Opiate Litigation v.

Veritext Reference Number: 3168782

Witness: Terrence M. Allan Deposition Date: 12/17/2018

Dear Sir/Madam:

The deposition transcript taken in the above-referenced matter, with the reading and signing having not been expressly waived, has been completed and is available for review and signature. Please call our office to make arrangements for a convenient location to accomplish this or if you prefer a certified transcript can be purchased.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,

Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3168782

CASE NAME: In Re: National Prescription Opiate Litigation v.

DATE OF DEPOSITION: 12/17/2018

WITNESS' NAME: Terrence M. Allan

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

Date

Terrence M. Allan

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn Statement; and

Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3168782

CASE NAME: In Re: National Prescription Opiate Litigation v.

DATE OF DEPOSITION: 12/17/2018

WITNESS' NAME: Terrence M. Allan

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date

Terrence M. Allan

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 12/17/2018

PAGE/LINE(S) / CHANGE /REASON

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Date Terrence M. Allan

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20_____ .

Notary Public

Commission Expiration Date